**Please fax completed form to Optum within 24 hours of discharge. Fax to Optum at (888) 687-2515. Thank you.**

**Optum LTC Phone Line: (800) 798-2254, Option 3, then Option 5**

|  |  |
| --- | --- |
| Name of LTC Facility | Click or tap here to enter text. |
| Type of LTC Facility | CO-SNFSNF PatchNBU Patch CO-SNF +NBU Patch |
| Name of LTC Facility Contact and Phone Number | Click or tap here to enter text. |
| Name of Client | Click or tap here to enter text. |
| Date of Admission | Click or tap here to enter text. |
| Brief Description of Course of Treatment | Click or tap here to enter text. |
| Date of Discharge | Click or tap here to enter text. |
| Client Discharged to | Click or tap here to enter text. |
| Reason for Discharge | Click or tap here to enter text. |
| Check all that apply | AWOL  AMA  Discharge to Acute Psychiatric Hospital  Discharge to Physical Health Hospital  Discharge to Other Locked/Secure Level of Care  Discharge to Community/Location: |
| Form Completed by | Click or tap here to enter text. |
| Date Completed | Click or tap here to enter text. |