|  |  |  |  |
| --- | --- | --- | --- |
| Discharge Summary Entered into Cerner | Yes | Date Entered | Click or tap here to enter text. |

**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 | IMDSTPARF |
| 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. |
| CCBH Number | Click or tap here to enter text. |
| Date of Discharge | Click or tap here to enter text. |
| Reason for Discharge | AWOL  AMA Client Deceased  Client Incarcerated Completed Treatment  Other  Transfer to Acute Medical Facility  Transfer to Psych Provider / Psychiatric Hospital |
| Placement Type | ARF  B&C Hospital – Medical Hospital – Psychiatric  Independent Living / ILF  Justice – Related Other Self  Skilled Nursing Facility / SNF |
| Placement Name | Click or tap here to enter text. |
| Form Completed by | Click or tap here to enter text. |
| Date Completed | Click or tap here to enter text. |