



Skilled Nursing Facilities Bed Hold Return Form

This form is used by a Skilled Nursing Facility that receives funding from San Diego County to inform Optum that a client has returned from an approved Bed Hold. This form must be completed within 24 hours of the client's return to the Skilled Nursing Facility.

Please fax completed form to Optum at (888) 687-2515. Thank you.

Date	
Client Name	
Name of Skilled Nursing Facility	
Contact Name at Skilled Nursing Facility	
Contact Phone Number	
Contact Fax Number	
Date Bed Hold Began	
Date Client Returned to Skilled Nursing Facility (Date bed hold ends)	
Comments (Including reason for bed hold)	