



Skilled Nursing Facility Discharge Notification

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	
Type of LTC Facility	<input type="checkbox"/> CO-SNF <input type="checkbox"/> SNF Patch <input type="checkbox"/> NBU Patch <input type="checkbox"/> CO-SNF + NBU Patch
Name of LTC Facility Contact and Phone Number	
Name of Client	
Date of Admission	
Brief Description of Course of Treatment	
Date of Discharge	
Client Discharged to	
Reason for Discharge	<input type="checkbox"/> AWOL <input type="checkbox"/> AMA <input type="checkbox"/> Client Deceased <input type="checkbox"/> Client Incarcerated <input type="checkbox"/> Completed Treatment <input type="checkbox"/> Other <input type="checkbox"/> Transfer to Acute Medical Facility <input type="checkbox"/> Transfer to Psych Provider / Psychiatric Hospital
Placement Type	<input type="checkbox"/> ARF <input type="checkbox"/> B&C <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Independent Living / ILF <input type="checkbox"/> Justice – Related <input type="checkbox"/> Other <input type="checkbox"/> Self <input type="checkbox"/> Skilled Nursing Facility / SNF
Placement Name	
Form Completed by	
Date Completed	