This form is used by an LTC 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 LTC Facility.

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

|  |  |
| --- | --- |
| Date  | Click or tap here to enter text. |
| Client Name | Click or tap here to enter text. |
| Name of LTC Facility | Click or tap here to enter text. |
| Contact Name at LTC Facility | Click or tap here to enter text. |
| Contact Phone Number | Click or tap here to enter text. |
| Contact Fax Number | Click or tap here to enter text. |
| Date Bed Hold Began | Click or tap here to enter text. |
| Date Client Returned to LTC Facility (Date bed hold ends) | Click or tap here to enter text. |
| Comments (Including reason for bed hold) | Click or tap here to enter text. |

**Please note the previous Optum authorization and dates for concurrent reviews remain unchanged.**