MHRC/STP Discharge Notification

Discharge Summary Entered into SmartCare	☐ Yes	Date Entered	

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	☐ MHRC ☐ STP
Name of Client	
SmartCare Number/DOB	
Date of Discharge	
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	
Form Completed by &Phone Number	
Date Completed	