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.**

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| --- | --- |
| Date | Click or tap here to enter text. |
| Client Name | Click or tap here to enter text. |
| Name of Skilled Nursing Facility | Click or tap here to enter text. |
| Contact Name at Skilled Nursing 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 Skilled Nursing 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. |