



## Notification of Return to County Funded SNF From Bed Hold

This form is used by a County Funded SNF 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 SNF. If a client does not return to the facility by the end of the bed hold, please discharge the client and notify Optum using the Discharge from County Funded SNF form.

**Please complete and return this form to Optum LTC Fax at (888) 687-2515.**

<b>Date:</b>	
<b>Name of County Funded SNF:</b>	
<b>Contact name at County Funded SNF:</b>	
<b>Contact phone number:</b>	
<b>Contact fax number:</b>	
<b>Client name:</b>	
<b>Date bed hold began:</b>	
<b>Date client returned to County Funded SNF (date bed hold ends):</b>	
<b>Comments:</b>	



**For Optum Use only:**

Bed hold entered for client beginning \_\_\_\_\_ and ending \_\_\_\_\_ .

Client has been re-admitted to County Funded SNF as of \_\_\_\_\_ .

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

<b>Name of Optum Staff approving Bed Hold:</b>	
<b>Date this confirmation was faxed back to County Funded SNF:</b>	

**Contact Information for Optum:**

LTC Phone Line: (800) 798-2254, Option 6

LTC Fax: (888) 687-2515