Transfer Notification Form

Please complete this form when a client transfers to another facility, and you are requesting the Long Term Care (LTC) referral remain in place.

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

Optum LTC Phone Line: (800) 798-2254, Option 3, then Option 5

Date	
Name of Originating Referring Hospital or Correctional Facility	
Contact Name at New Facility	
Contact Phone Number at New Facility	
Contact Fax Number at New Facility	
Date of Transfer	
Name of Client	
Client's Date of Birth	
Reason for Transfer	☐ Admission to Behavioral Health Unit at Hospital Describe circumstances of hospital admit and give name of hospital: ☐ Admission to Psychiatric Stabilization Unit (PSU) at Correctional Facility Describe circumstances surrounding incarceration and whether there are known pending charges:

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