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**

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