

**Skilled Nursing Facility (SNF),  
Inpatient Rehabilitation, or  
Long Term Acute Care Authorization Request**

Fax to 503.416.4720



CareOregon®

315 SW Fifth Avenue, Suite 900  
Portland, Oregon 97204  
503-416-4100 or 1-800-224-4840  
1-800-735-2900 (TTY/TDD)  
www.careoregon.org

**Patient Information**

Patient Name \_\_\_\_\_

ID number \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**Provider Information**

Person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Fax: \_\_\_\_\_

From (ie. Hospital): \_\_\_\_\_

Anticipated discharge date: \_\_\_\_\_

To (SNF, LTAC, etc): \_\_\_\_\_

Please indicate patient's skilled need (check all that apply)

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Physical Therapy     | <input type="checkbox"/> IV Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Speech Therapy       |                                     |
| <input type="checkbox"/> Other: _____         |                                     |

Please attach relevant clinical information, including admitting H&P, MD progress notes/orders, therapy evaluations (including prior level of function) and progress notes in order to complete request.

*SNF requests are processed during regular business hours only and may be completed the next business day.*