

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

Fax to 503-416-4720



## Patient Information

Patient name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

## Provider Information

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

Requesting provider: \_\_\_\_\_ Fax#: \_\_\_\_\_

From (hospital): \_\_\_\_\_

Anticipated discharge date: \_\_\_\_\_ To (SNF, LTAC, etc): \_\_\_\_\_

## Patient's Skilled Need (check all that apply)

Physical therapy

Occupational therapy

Speech therapy

IV therapy

Wound care

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.