



ADMISSION TO SKILLED NURSING FACILITY OR LONG-TERM ACUTE CARE HOSPITAL AUTHORIZATION FORM

Instructions: Please print all requested information and submit this form to OSU Health Plan via email at: UtilizationManagement.OSUHealthPlan@osumc.edu or fax to: 614-292-2667. Contact your OSU Health Plan UM Case Manager at 614-292-4700 should you have questions or require assistance in completing the entire form. Please note: The turnaround time for OSUHP authorization process is one business day.

PATIENT INFORMATION: PRINT all information requested below:

First Name: Last Name: DOB: / /

Insurance ID #: Diagnosis: ICD-10 ;

To be transferred/discharged from: Planned admission on: / /

ADMITTING FACILITY INFORMATION: PRINT all information requested below:

Complete Name: Telephone Number: () -

Admissions Contact Name: Telephone Number: () - ext

Fax Number: () - Email Address:

Additional Comments:

IF LOA (LETTER OF AGREEMENT) IS NEEDED FROM OSU HEALTH PLAN, PROVIDER RELATIONS, PLEASE PROVIDE: PRINT all information requested below:

Mailing Street Address: City:

State: Zip: TAX ID # NPI#

TO BE COMPLETED BY OSU HEALTH PLAN

Level of Care ECF/SNF 1 SNF 2 SNF 3 SNF 4 LTAC

Authorization #

Approved for Dates: Next Review Date:

Denied - Reason:

Any additional comments:

Case Manager Name: RN Telephone Number: (614)

Email Address: