601 Potrero Grande Drive
Monterey Park, CA 91755

Long Term Care FAX Referrals: **619-219-3307**
Long Term Care Phone Referrals: **619-528-4800 press 2 for UM, Service in English Press 1, press 3 SNF UM**

Long Term Care (LTC) – Authorization Request Form

☐ Initial ☐ Reauthorization ☐ Bed Hold/ LOA ☐ Discharge Notice

Section I

Patient Name: _____ ☐M ☐F DOB: _____ Age: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: ( ) _____ ID # _____ CIN # _____
Medicare Eligible? ☐ Yes ☐ No Date Medicare Benefits Exhausted: _____
Diagnosis: _____
_____

General Condition: ☐ Bedridden ☐ Ambulatory with Assistance ☐ Ambulatory ☐ Confined to Wheelchair
☐ Maximum Assistance with all ADLs ☐ Incontinent of B&B

Physician Name: _____ NPI: _____
Office Number: _____ Office FAX: ( ) _____
Mailing Address _____ City _____ Zip _____

Section II

Facility Request Type: ☐ SNF ☐ Sub-Acute *(Vent)* ☐ Sub-Acute *(Non-Vent)*
Facility Name: _____ Contact Person: _____
Telephone #: _____ Fax: _____
Address: _____ City _____ Zip _____

Admitted from: ☐Home ☐Board & Care/ALF ☐Acute Hospital ☐Another SNF ☐Homeless

Please attach current Health & Physical and supporting medical records for review.

Section III

Date of Request _____ Time of Request: _____
Additional Comments: _____
_____
_____

To be completed by Care1st UM Department ONLY:

1) Active Medi-Cal Eligibility? ☐ **Yes** ☐ **No** **2) Assigned to Care1st?** ☐ **Yes** ☐ **No**

_____
_____

Reviewer _____ **Date** _____