INPATIENT ADMINISTRATIVE DAY REQUEST

Inpatient Administrative Day Request Details

INPATIENT ADMINISTRATIVE DAY REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

○ Yes ◉ No

Facility Information

Facility Contact Name:*   Facility Contact Phone:*   Facility Contact E-Mail:*

[   ]   [___-___-____]   [   ]

Request Information

Medical necessity not met as of:*

[__/__/____]

Discharge Plan:*

[   ]

Has placement been identified?**

○ Yes ○ No

Projected discharge date:*

[__/__/____]

The Data Capture form will launch automatically when this form is saved. No selection is needed on this question.**

◉ Yes