

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.