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| _____ Date of Request |
|--------------------------|

**UPHP SKILLED NURSING FACILITY AND SWING BED NOTIFICATION
AND INFORMATION FORM**

Fax completed form to 906-225-9269 as directed below.

FACILITY NAME _____ FACILITY CONTACT _____

PATIENT NAME _____ ADMISSION DATE _____

DOB _____ ID# _____

DIAGNOSIS _____

TYPE OF SKILLED SERVICE:

- PT/OT/ST
- Wound care
- IV therapy
- TPN
- OTHER _____

FREQUENCY OF THERAPY/TREATMENT: _____

IS PATIENT PARTICIPATING IN THERAPY? Yes _____ No _____

If no explain: _____

BARRIERS TO DISCHARGE:

- Housing
- Caregiver
- Home safety
- Transportation
- OTHER _____

IS LONG TERM CARE PLACEMENT ANTICIPATED? Yes _____ No _____

ESTIMATED DISCHARGE DATE: _____

ACTUAL DISCHARGE DATE: _____

Please fax updates to 906-225-9269 on all UPHP skilled care patients:

QUESTIONS? Call 906-225-7774

| UPHP STAFF ONLY | |
|---|-----------------------|
| Authorization# _____ | UPHP Staff _____ |
| Effective Start Date _____ | Next Update Due _____ |
| <small>Notification does not guarantee payment All services are subject to review for medical necessity, member eligibility, and plan benefits at time of service</small> | |