



For emergencies, call 911 or your local police for a welfare check

Optum Care Network – Utah

Date of request: _____

Person submitting request: _____

Organization/program/office: _____

Phone: _____ Email: _____

PCP name: _____ PCP phone: _____

Urgent contact needed (within one business day)

Patient information:

Patient aware of request

Patient name: _____

DOB: _____ Member/Medicare ID: _____

Phone one: _____ Phone two: _____

Patient address: _____ ZIP code: _____

Patient's home _____

Family's home _____

Group home/ALF/LTC: _____

***If patient is currently in acute setting, planned date of discharge: _____

POA/authorized rep/alternative contact: _____

Phone: _____ Relationship to patient: _____

Currently, who is patient's decision-maker? _____

Programs available (choose one or more)

Remote patient monitoring
(check which box applies below)

CHF COPD Diabetes

High-risk care management

Medical behavioral integration

Short term case management

Social work

Palliative care

Woundtech

Dietitian

Kidney resource specialist:

(check which box applies below)

Chronic kidney disease

End-stage renal disease

Primary reason for request: _____

Additional information regarding patient needs/concerns:

Pertinent medical information (hospitalizations, PMH, diagnoses, etc.)



Provider referral form for programs

Email: umutah@optum.com

Fax: 1-844-461-5749

Reminder: send in secured format as
document contains confidential PHI