Inpatient Hospital Hold Request for OHP Application

Hospital	Phone	Fax	Contact Person

Address	City ST Zip

FAX TO: 503-378-2771 PHONE 1-800-359-9517

- **Use this form only for patients who are admitted for inpatient hospitalization, NOT for outpatient emergency room visits.**
- Make sure you have the patient's permission to provide this information to the state before listing his/her name on this form. You may submit a hospital hold on an unconscious person without his/her permission if there is no one else available to give consent. We do not require a copy of this consent, but you need to keep a copy for your own records.
- FAX hospital holds daily. The hospital must submit the hospital hold form within 24 hours of admission, or the next working day.

➢ ***Please type or print legibly. Thank you!***

Inpatient Admit Date	Name Last, First	Date of Birth	Address	City Zip	Language if not English
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★ ***Outpatients may request an OHP application by calling 1-800-359-9517***