

# ON-SITE VISIT/21-DAY LIST

Date of Next Visit: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_  
**Visit Date:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_  
**CalOptima Nurse:** \_\_\_\_\_

**Phone** \_\_\_\_\_  
**CalOptima MAA:** \_\_\_\_\_

**Fax** \_\_\_\_\_  
**Fax Date** \_\_\_\_\_

| Room # | Member Name | CIN # | Admission Date | 21st Day Date | Co/Aid Code | I/R/B* | Dates of Service | Initials/Comments |
|--------|-------------|-------|----------------|---------------|-------------|--------|------------------|-------------------|
| 1.     |             |       |                |               |             |        |                  |                   |
| 2.     |             |       |                |               |             |        |                  |                   |
| 3.     |             |       |                |               |             |        |                  |                   |
| 4.     |             |       |                |               |             |        |                  |                   |
| 5.     |             |       |                |               |             |        |                  |                   |
| 6.     |             |       |                |               |             |        |                  |                   |
| 7.     |             |       |                |               |             |        |                  |                   |
| 8.     |             |       |                |               |             |        |                  |                   |
| 9.     |             |       |                |               |             |        |                  |                   |
| 10.    |             |       |                |               |             |        |                  |                   |
| 11.    |             |       |                |               |             |        |                  |                   |
| 12.    |             |       |                |               |             |        |                  |                   |
| 13.    |             |       |                |               |             |        |                  |                   |
| 14.    |             |       |                |               |             |        |                  |                   |
| 15.    |             |       |                |               |             |        |                  |                   |
| 16.    |             |       |                |               |             |        |                  |                   |
| 17.    |             |       |                |               |             |        |                  |                   |
| 18.    |             |       |                |               |             |        |                  |                   |
| 19.    |             |       |                |               |             |        |                  |                   |
| 20.    |             |       |                |               |             |        |                  |                   |

\* I=Initial Authorization; R=Re-authorization; B=Bed hold