



Tip sheet for providers having difficulty accessing Adobe .pdf fillable Smart Forms for Optum Idaho service requests:

- 1) Go to www.optumidaho.com > For Network Providers > Forms and click on one of the service request forms from the in-network or out-of-network provider lists (screen shot of forms links below)

Service Request Forms for In-Network Providers*

[Case Management Service Request Form](#) (web-based form)

[Drug Testing Service Request Form](#)  (instant access PDF form)

[Day Treatment Service Request Form](#) (downloadable PDF form)

[Extended Psychotherapy Service Request Form](#) (web-based form)

[Family Support Service Request Form](#) (web-based form)

[Health and Behavior Assessment and Intervention \(HBAI\) Service Request Form](#) (downloadable PDF form)

[Intensive Home and Community Based Services Request Form](#)  (downloadable PDF form)

[Partial Hospitalization Program Service Request Form](#)  (downloadable PDF form)

[Peer Support Service Request Form](#) (web-based form)

[Skills Building/CBRS Request Form](#) (web-based form) -- this form replaces both the CBRS Adult and Child Service Request Form

Service Request Forms for Out-of-Network Providers*

[Out-of-Network Services Request Form](#)  (instant access PDF form)

- 2) When you click on the form you may be redirected to the following page (usually happens with Microsoft Edge browser):

Please wait...

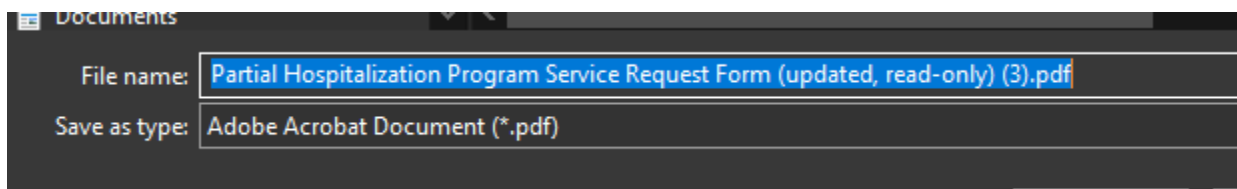
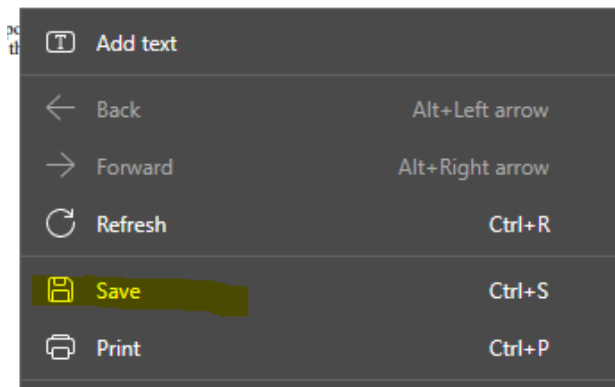
If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader_download.

For more assistance with Adobe Reader visit <http://www.adobe.com/go/acreader>.

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- 3) Right-click into the form itself and click “Save”. Then, Save As Type “Adobe Acrobat Document.”



- 4) Once saved, go to your saved documents, and open the PDF. It should populate in Adobe as the smart form version, which allows you to fill out the required fields, save and email to the correct Optum Idaho team for processing:

Partial Hospitalization Program Service Request Form

Medicaid Participant Information

First Name: Middle Initial: Last Name:

Medicaid ID: Date of Birth: Age: Phone:

Parent/Guardian Name: Parent/Guardian Phone:

Thank you – **If you have additional questions, please contact our Provider Questions line at 855-202-0983.**