



SoonerCare Lodging and/or Meals Request

Referring Contact

Name: _____ Phone: _____

I verified appointment/admit times and dates for this request. _____
(Signature)

Member

Name: _____ SoonerCare ID#: _____

Address: _____

Current Phone: _____

Diagnosis: _____

For Outpatient

Facility Name: _____

Provider's Name: _____ Phone: _____

Appointment Date: _____ Time: _____ Check-In Time: _____ Duration: _____

Follow-up Appt. Date and Time if any: _____

For Inpatient

Facility Name: _____

Provider's Name: _____ Phone: _____

Admit Date: _____ Time: _____ Check-In Time: _____ Length of Stay: _____

Escort

Medical Necessity for Escort: _____

Escort's Name: _____ Relationship to Member: _____

Services Requested (indicate one or both services) **Lodging** **Meals**

Requested Lodging Provider: _____

Additional Comments: _____

Send form to: OHCA – Population Care Management Division, fax: 405-530-3217

Population Care Management Division: Toll Free Phone: 1-877-252-6002