



# OKLAHOMA

Health Care Authority

## SOONERCARE LODGING AND/OR MEALS REQUEST

HCA-64 FORM

<b>REFERRING CONTACT:</b>			
<b>Contact Name:</b>		<b>Phone:</b>	

<b>MEMBER:</b>			
<b>Name:</b>		<b>SoonerCare ID#:</b>	
<b>Address:</b>			
<b>Contact Name:</b>		<b>Contact Number:</b>	
<b>Diagnosis:</b>			

<b>VISIT INFORMATION:</b>		<b>(Select all that apply)</b>		<b>Inpatient</b>	<b>Outpatient</b>
<b>Facility Name:</b>					
<b>Provider Name:</b>		<b>Phone:</b>			
<b>Appointment:</b>	<b>Date:</b>	<b>Time:</b>	<b>Check-in Time:</b>	<b>Duration:</b>	
<b>Admit:</b>	<b>Date:</b>	<b>Time:</b>	<b>Check-in Time:</b>	<b>Duration:</b>	
<b>Reason for Visit:</b>					
<b>Is Service Trial or Experimental?</b>					

<b>SERVICES REQUESTED (Select which services are being requested)</b>			
<input type="checkbox"/> <b>Meals</b>	<input type="checkbox"/> <b>Lodging</b>	<b>Requested Lodging Provider:</b>	

<b>ESCORT</b>	
<b>Name:</b>	
<b>Relationship to Member:</b>	
<b>Medical Necessity for Escort:</b>	
<b>Additional Comments:</b>	

Please attest to the appointment/admit times and dates with all providers for this request:	
<b>Signature</b>	<b>Date</b>

**Send this form to:** OHCA - Population Care Management Division. Fax: 405-213-1145  
*\*To expedite the process, please include medical records and/or a letter of medical necessity.*

OHCA Revised 6/19/2023



### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



### WEBSITES

oklahoma.gov/OHCA  
mysoonerca.org



### PHONE

Admin: 405-522-7300  
Helpline: 800-987-7767