

Fax this form with all applicable information documented for nursing services to: **1-888-295-3005**.  
A review **CANNOT** be completed without the necessary information. **Print legibly.**

I. Patient Information			
Name		Date of Birth	
Contract Number (include prefix)		Group Number	
II. Ordering Provider Information			
Name		National Provider Identifier (NPI)	
Address			
City		State	Zip
Office Telephone	Fax Number	Email	
III. Home Health Agency Information			
Name			
Address			
City		State	Zip
Office Telephone	Fax Number	Email	
IV. Admission Information			
Primary Diagnosis Code <i>(Do not use "V" codes)</i>		Secondary Diagnosis Code <i>(Do not use "V" codes)</i>	
<b>Patient's Skilled Nursing Needs:</b> <i>Check all that apply.</i>			
<input type="checkbox"/> Assessment	<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Foley Catheter	<input type="checkbox"/> IV Therapy/VAD
<input type="checkbox"/> Wound Care <i>(Must include current measurements, drainage and orders)</i>		<input type="checkbox"/> Ostomy	<input type="checkbox"/> Teaching
<input type="checkbox"/> Other _____		Description: _____	
Skilled Nursing Care Initial Start Date		Date last approved visit was used <i>(if this request is for ongoing care)</i>	
Number of visits for this request	Start Date for this request	Frequency of visits	End Date
Does this request include physical/occupational/speech therapy/other home health discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, check all that apply:</i>			
<input type="checkbox"/> Home Health Aide (Fax to: 1-888-295-3005)	<input type="checkbox"/> Occupational Therapy (Fax to: 1-833-719-1607)	<input type="checkbox"/> Physical Therapy (Fax to: 1-833-719-1608)	
<input type="checkbox"/> Social Worker (Fax to: 1-888-295-3005)	<input type="checkbox"/> Speech Therapy (Fax to: 1-833-731-1511)		
<input type="checkbox"/> Other _____		Description: _____	
<b>Reminder:</b> <i>Adequate clinical documentation in support of your request MUST be included to avoid delays.</i>			
V. Certification Section			
Printed Name		Signature	Date Signed

*Check eligibility and benefits online prior to submitting precertification request. Not all contracts require precertification.  
Contact Provider Customer Service at 1-833-708-2305 if you have questions.*