

HEALTHCHOICE

3545 NW 58th, Suite 500, Oklahoma City, OK 73112
Phone: 1-800-543-6044 or 1-405-717-8879
FAX: 1-405-717-8947 or 1-405-717-8935

HOME HEALTH REQUEST

This information is private and confidential.

(◆) Billing Provider: _____ (◆) Date: _____

(◆) Billing Address: _____

(◆) TIN: _____ Contact Person : _____

Phone: _____ (◆) Fax # : _____

(◆) Patient: _____ (◆) DOB: _____

(◆) Member: _____ (◆) Member ID #: _____

Diagnosis & Summary of Care: _____

(◆) Physician's Name: _____

Orders: _____

INITIAL REQUEST CERT MET / PENALTY APPLIES (Please Fax All Initial Evaluation When Completed)

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____

PT _____

OT _____

OTHER _____

START DATE _____

ENDING DATE _____

EXTENSION # 1 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____

PT _____

OT _____

OTHER _____

START DATE _____

ENDING DATE _____

EXTENSION # 2 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____

PT _____

OT _____

OTHER _____

START DATE _____

ENDING DATE _____

EXTENSION # 3 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____

PT _____

OT _____

OTHER _____

START DATE _____

ENDING DATE _____

NOTE: These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.

MEDICARE PATIENTS: If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**