SANTÉ PHYSICIANS

HOME HEALTH / PRIOR AUTHORIZATION REQUEST

FAX (833)853-8549
PHONE (559)228-2905 OR (833)513-0622

"Form to be completed in Full"

" Incomplete forms will be returned for information "

Level of Function/Current Functional Status/Current Clinical Status/Justification for Skilled Care:

Current Functional Status (Detail) :

Home Bound ?

☐ Yes ☐ No

PATIENT INFORMATION

Patient Name: Last First MI		Date of Birth (Mo/Day/Yr)	
I.D.#	Health Plan:	Gender: ☐ ☐	

REQUESTING PHYSICIAN

Requesting Physician		Address
Telephone	Fax	Tax ID#

HOME HEALTH AGENCY / INFORMATION

Home Health Agency		Address
Contact Person	Telephone	Fax

CLINICAL INFORMATION

ICD-10 Codes (required)

1 2 3

Recent Hospital Stay / Discharge:

Teachable Caregiver ☐ Yes ☐ No

CPT/HCPC Codes (required)

1 2 3 4

Discipline	Eval	Frequency	Pre-Auth	# of Visits	Start Date	End Date	Visits Auth.Office USE ONLY*	Comments:
SN								
PT								
OT								
ST								
HHA								
MSW								

*Auth #

Wound Status

Location:

Stage:

Tunnel yes or no

Measurements

Drainage

Current Treatment

If >1 wd include wd sheet

Within 5 days before the actual date of service, provider MUST confirm that the member's health plan coverage is still in effect. With the exception of urgent requests, it is recommended that you do not schedule appointments prior to authorization approval. **Authorization does not guarantee payment.** Emergency services do not require prior authorization and are reviewed retrospectively for necessity.This message is intended only for the use of the individual/entity to which it is addressed and may contain confidential information. If the reader of this message is not the intended recipient, you are hereby notified that any distribution is strictly prohibited.

EFFECTIVE JUNE 2016