



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

**HOME HEALTH REQUEST**

- This information is private and confidential.

Home Health Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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  \_\_\_\_\_  
 STATE DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**EXTENSION # 1 CERT MET / PENALTY APPLIES**

*PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY*

SNV  \_\_\_\_\_ PT  \_\_\_\_\_  
 OT  \_\_\_\_\_ OTHER  \_\_\_\_\_  
 STATE DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**EXTENSION # 2 CERT MET / PENALTY APPLIES**

*PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY*

SNV  \_\_\_\_\_ PT  \_\_\_\_\_  
 OT  \_\_\_\_\_ OTHER  \_\_\_\_\_  
 STATE DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**EXTENSION # 3 CERT MET / PENALTY APPLIES**

*PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY*

SNV  \_\_\_\_\_ PT  \_\_\_\_\_  
 OT  \_\_\_\_\_ OTHER  \_\_\_\_\_  
 STATE DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

\*\*\*\*\*FOR HEALTHCHOICE USE ONLY (Do Not Write Below This Line)\*\*\*\*\*

COMMENTS: \_\_\_\_\_

**NOTE:** These benefits are applicable only if the patient is eligible for the Employees Group Insurance program (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.

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