

# HEALTHCHOICE

3545 NW 58<sup>th</sup>, 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**