

Home Care Referral

SOONER

HOME HEALTH CARE

Toll-Free Phone (866) 676-1589

Fax (405) 321-7402

Referral Information

Referred by: _____ Contact Person: _____
Telephone #: _____ Fax #: _____ Date of Referral: _____

Save Time & Phone Calls

We'll gather needed clinical data if you will fax the following reports as applicable:

- Progress Note
- Discharge Summary
- History & Physical
- Discharge Instructions
- Discharge Orders
- Most recent Medication Administration Record
- Flu/Pneumonia Vaccine
- Recent Lab Results

We'll take it from there!

Patient Information *(Can attach face sheet or demographic sheet if you prefer.)*

Patient Name: _____ DOB: _____ Phone # _____
SS #: _____ Address / Location: _____ ZIP _____
If in hospital / SNF, expected discharge date: _____
Emergency / Family Contact: _____ Phone # _____
Primary Physician for Home Care: _____ Phone # _____

Payor Information

Medicare ID / HIC #: _____ Medicaid ID #: _____
 Private Insurance
Company Name: _____ Phone #: _____
ID #: _____ Group #: _____
 Private Pay Comments: _____

Physician Section

Orders to Evaluate for:

- Skilled Nursing
- Occupational Therapy
- Home Health Aide
- Physical Therapy
- Speech Therapy
- Other: _____

Physician Signature _____
Physician Printed Name _____
Date _____

Note: The 5 Points below must be included in the patient's medical record.

Diagnosis:

Primary Dx: _____
Secondary Dx: _____

Note: The diagnosis in the patient's medical record must be related to the primary reason the patient requires home health.

Face-to-Face Encounter:

A Face-to-Face visit was conducted on _____ (date).

Medicare Home Health Certification Reference

Medicare no longer requires a separate form certifying the Face-to-Face encounter. Instead, the need for home care services is documented through 5 points that must be included in the patient's medical record.

Quick check: The patient's medical record must substantiate the patient's:

- 1 need for skilled services.
- 2 homebound status.

and must document in the actual clinical note that the Face-to-Face encounter:

- 3 occurred within the required time frame. *(90 days before or 30 days after start of home care.)*
- 4 was related to the primary reason for home health care.
- 5 was performed by an allowed provider type.

(MD, DO or DPM or allowed non-physician practitioner... NP, CNS or PA.)