



Request for Service & Face-to-Face

	OFFICE	FAX
McAllen	956.994.9911	956.994.8187
Harlingen	956.428.7878	956.428.8882
Falfurrias	361.325.1661	361.325.4883
Rio Grande	956.487.0458	956.488.1343
Laredo	956.796.9187	956.796.9146

Patient Information

Last Name: _____ First Name: _____ Sex: M/F
 Address: _____ City: _____ ZIP: _____
 SSN#: _____ Phone: _____ DOB: ___/___/___

Physician Information

Physician: _____ NPI #: _____
 Phone: _____ /Fax: _____ Contact Person: _____

Payer Information

Medicare Medicaid Private Pay
 Private Insurance _____ Member ID Number: _____

Diagnosis Requiring Home Care & Other Pertinent Dx

Date of face to face visit: ___/___/___ Primary Dx/Reason for Home Care: _____

Clinical findings supporting need for Home Health: _____

Clinical findings supporting Homebound status: _____

Home Health Specific Orders or Service Needed

Service Required: Nursing PT OT ST
 Evaluations/Follow Up _____
 Treatment/Order: _____
 DME/Supplies: _____
 IV Medication: _____

HCU Programs: COPD CHF Diabetes Cancer Pain Management

Additional Protocols to follow: _____

Physician Signature: _____ Date: _____

It is a pleasure assisting you in providing quality health care services to the community!