



Patient's Name _____ DOB _____
Address: _____ Primary Ins: _____
City: _____ State: _____ Zip: _____ Ins ID / Medicare # _____
Phone: _____ Cell: _____ Additional Contact Person: _____
Primary Diagnosis: _____ Phone: _____ Cell: _____
Secondary Diagnosis: _____

PLEASE ATTACH RECENT PHYSICIAN PROGRESS NOTE (WITHIN 90 DAYS) RELATED TO CLINICAL NEED FOR CARE AND ANY OTHER PERTINENT PAPERWORK

HOME CARE

EVALUATE AND TREAT THE ABOVE PATIENT
Skilled Nursing Physical Therapy Occupational Therapy Speech Therapy

SPECIALTY PROGRAMS
Orthopedic Program Line Care Home Infusion Therapy Wound Care (Specify): _____

Date of last MD encounter: _____

Clinical findings to support Home Healthcare: _____

Homebound because: _____

Qualifying Help: Homebound definition- An individual shall be considered "confined to the home" (homebound) if the following two criteria are met:
1. Criterion One: The patient must either: Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence OR Have a condition such that leaving his or her home is medically contraindicated. If the patient meets one of the criterion one conditions, then the patient must ALSO meet two additional requirements defined in criterion two below.
2. Criterion Two: - There must exist a normal inability to leave home; AND - Leaving home must require a considerable and taxing effort. (Medicare Policy Manual, Chapter 7, section 30.1.1, Rev. 10438, effective 03-01-2020)

Additional orders:

Signature Physician Print Name NPI/MHHS ID. Date Time Contact No.
Referral Date: Start Date: Completed by:
Address: Contact Person:
City: State: Zip: Phone: Fax:

