



HealthChoice

2401 N. Lincoln Blvd., Ste. 300, Oklahoma City, OK 73105
Phone: 405-717-8879 or 800-543-6044, ext. 8879
Fax: 405-949-5459 or 405-949-5501

HOME HEALTH REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing provider _____ Date: _____

Billing address _____

TIN _____ Contact person _____

Phone _____ Fax _____

Patient _____ DOB _____

Member _____ Member ID _____

HCPCS code(s) _____ Diagnosis code _____

CPT code(s) _____

Physician's name _____

Current physician's order copy attached: YES NO

1 most recent clinical note must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ PT _____ Frequency: _____ W _____, _____ W _____

OT _____ Frequency: _____ W _____, _____ W _____ ST _____ Frequency: _____ W _____, _____ W _____

START DATE _____ ENDING DATE _____

2 most recent clinical notes must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ PT _____ Frequency: _____ W _____, _____ W _____

OT _____ Frequency: _____ W _____, _____ W _____ ST _____ Frequency: _____ W _____, _____ W _____

START DATE _____ ENDING DATE _____

3 most recent clinical notes must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ PT _____ Frequency: _____ W _____, _____ W _____

OT _____ Frequency: _____ W _____, _____ W _____ ST _____ Frequency: _____ W _____, _____ W _____

START DATE _____ ENDING DATE _____

**** All information is required for review. Information provided is private and confidential. ****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare