



An Independent Licensee of the Blue Cross and Blue Shield Association

Home Health Services prior to start of care

* Please verify Contract Benefit Information before submission of form *

AGENCY _____ CONTACT _____
ADDRESS _____ PROVIDER # _____
TAX ID _____ PHONE # _____
ORDERING MD _____ PHONE # _____
ADDRESS _____

PATIENT INFORMATION

Patient Name _____
Patient Address _____
Patient Telephone _____ DOB _____
Primary Caregiver Name and Phone # _____
Primary Contract Number _____
Secondary Insurance _____
Primary Diagnosis ICD10 _____
Secondary Diagnosis _____
Initial Start of Care _____

SERVICES PROVIDED (indicate all and how often)

Table with 7 columns: From, To, # Visits, Frequency, Authorization #, Initials. Rows include RN/LPN, HHA, PT, OT, ST, MSW.

DME: Hospital bed, bedside commode, oxygen/supplies, BIPAP, wheelchair, walker/cane, nutritional supplements, other _____

Wound care with measurements and description _____

CURRENT FUNCTIONAL LEVEL

Homebound _____

Cognitive: Alert and Oriented, Impaired, Disoriented
Dressing: Independent, Requires Assistance, Unable
Bathing: Independent, Requires Assistance, Unable
Toileting: Independent, Requires Assistance, Unable
Ambulation: Independent, Requires Assistance, Unable

CLINICAL

Vital signs: _____ B/P _____ P _____ R _____ T _____ Ht _____ Wt _____ BMI

Med/Surg event preceding HH referral _____

Blank lines for additional information

For all Groups other than General Electric (GE, GEN, GEX), International Paper (IPP), Lowes (LWE), Genuine Parts (GPT), Wal-Mart (WMR, WLA, WPN, WMZ) and Federal Employees (R) you may fax the completed form to (205) 402-9305. For inquiries: Birmingham (205) 733-7067, outside Birmingham 1 800 821-7231.