



HOME HEALTH SERVICES PRECERTIFICATION REQUEST FORM

Fax this form with all applicable information documented for nursing services to: **205-733-7374** or **1-888-295-3005**.
A review **CANNOT** be completed without the necessary information. **Print legibly.**

I. Patient Information	
Name	Date of Birth
Contract Number (include prefix)	Group Number

II. Ordering Provider Information		
Ordering Provider Name (first and last)	Ordering Provider National Provider Identifier (NPI)	
Ordering Provider Address		
City	State	Zip
Office Telephone	Fax Number	Email

III. Home Health Agency Information		
Agency Name		
Agency Address		
City	State	Zip
Office Telephone	Fax Number	Email

IV. Admission Information	
Primary Diagnosis Code <i>(Do not use "V" codes)</i>	Secondary Diagnosis Code <i>(Do not use "V" codes)</i>

Patient's Skilled Nursing Needs: *Check all that apply.*

Assessment
 Feeding Tube
 Foley Catheter
 IV Therapy/VAD
 Ostomy
 Teaching
 Wound Care *(Must include current measurements, drainage and orders)*
 Other _____ Description: _____

Skilled Nursing Care Initial Start Date	Date last approved visit was used <i>(if this request is for ongoing care)</i>		
Number of visits for this request	Start Date for this request	Frequency of visits	End Date

Does this request include physical/occupational/speech therapy/other home health discipline? Yes No

If yes, check all that apply:

Home Health Aide (Fax to: 205-733-7374 or 1-888-295-3005)
 Occupational Therapy (Fax to: 205-402-9369)
 Physical Therapy (Fax to: 205-220-0941)
 Social Worker (Fax to: 205-733-7374 or 1-888-295-3005)
 Speech Therapy (Fax to: 205-402-5708)
 Other _____ Description: _____

Reminder: Adequate clinical documentation in support of your request **MUST** be included to avoid delays.

V. Certification Section		
Printed Name	Signature	Date Signed

Check eligibility and benefits online prior to submitting precertification request.
Not all contracts require precertification.
Contact Provider Customer Service at 1-877-231-7239 if you have questions.