



# PROVIDER PREFERRED HOME HEALTH

## **HOME HEALTH REFERRAL CHECKLIST**

### **OPTION 1:**

#### **FAX US THE 3 ITEMS LISTED BELOW:**

- 1. Home Health Order*
- 2. Face Sheet with Demographic & Insurance Info*
- 3. Most Recent Facility DC Summary, H&P or MD visit note containing active medication list.*

### **OPTION 2:**

#### **FAX US EXPEDITED REFERRAL FORM:**

*(Form available via our website's Providers & Send Referral tabs)*

### **OPTION 3:**

#### **FAX US CMS HOME HEALTH PRE-CLAIM REVIEW REFERRAL PACKET:**

*(Easy to use 3 page document available via our website)*

- 1. F2F Certification Statement (1 of 3)*
- 2. Physician Progress Note for F2F Encounter (2 of 3)*
- 3. Certification of Eligibility / Home Health Order (3 of 3)*

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**[www.providerpreferred.com](http://www.providerpreferred.com)**