Additional Services Request Form

Home Health Care Services
Fax Form To: Attn: Home Health Care
☐ Grand Rapids/Traverse City/Holland 616 975-8885
☐ Farmington Hills 800 289-6744 or 888 647-6152

Member

Last Name: ___________________________ First Name:___________________________

ID #: ___________________________ DOB: ___________________________

Diagnosis/Condition: ___________________________

Physician ordering additional visits: ___________________________

Agency providing services: ___________________________

Additional Visits Requested: **Provide clinical rationale for additional visits requested:**

RN _____+_____=_____ (total) ___________________________

OT _____+_____=_____ (total) ___________________________

PT _____+_____=_____ (total) ___________________________

MSW _____ +_____=____ (total) ___________________________

Other _____ +_____=____ (total) ___________________________

CHF Telemonitoring + _____ = _____ (total number of weeks needed)

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