

**Admission Notification: Home Health Care**

Attn: HHC Coordinator

Toll Free Phone Number: 1-800-891-2520

Fax: 567-661-0843

Date of Request: \_\_\_\_\_

Member Name: \_\_\_\_\_ Paramount ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Paramount Secondary ID#: \_\_\_\_\_  
(if applicable)

Homecare SOC Date: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_ NPI#: \_\_\_\_\_

(PLEASE PRINT PHYSICIAN FIRST AND LAST NAMES)

Agency Name: \_\_\_\_\_

NPI#: \_\_\_\_\_ Provider Billing Tax ID (TIN): \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

Disciplines Ordered: (please mark) SN  PT  OT  ST  HHA  SW  PDN

Comments: \_\_\_\_\_

Solid Organ Transplant Request: Yes No

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If requesting Hourly Home Health Aides, please send 485 and Nursing OASIS with this completed form.

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