

Out of Plan Home Health Care Prior Authorization

Attn: Out of Plan Coordinator

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

Fax: **567-661-0847**

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)

Home Care Agency Name: _____

NPI#: _____ Provider Billing Tax ID (TIN): _____

Agency Address: _____

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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Revised Date: 7/2024