

Out of Plan Home Health Care Worksheet

Attn: Out of Plan Coordinator

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

Fax: **567-661-0847**



Date of Request: _____

Member Name: _____ Date of Birth: _____

Paramount ID #: _____ Paramount Secondary ID#: _____

Agency Name: _____

Agency Contact Name & Phone #: _____

Agency NPI: _____

Agency Fax: _____

Authorization #: _____ Current Auth # Start Date: _____

Paramount requires documentation that supports your request for further visits. Please check off the boxes before sending to ensure no delay in your request.

- ☐ Current 485 (Physician Signature required for requests for Hourly HHA and PDN)
- ☐ Nursing SOC OASIS or Other Admission Assessment (initial request only)
- ☐ Therapy/SN clinical from at least 2 visits
- ☐ Hourly HHA-time sheets
- ☐ Paramount Review Worksheet completed thoroughly

VISIT AUTHORIZATION

If billing PDGM, check the appropriate boxes below for column 1 and complete column 3.

Discipline	1. # Visits completed since current auth # Start Date	2. Additional visits requested through end of cert period	3. Date you're requesting your visits through	4. Total number of visits (Completed+Requested)
PDN				
SN				
PT				
OT				
ST				
HHA				
MSW				

Failure to send all required documentation, by the date specified, may impact your payment for services at no penalty to the member.

CONFIDENTIALITY NOTICE: The documents accompanying this fax transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.