



VNSNY Physician Referral Form

Phone Referral **1-866-MD CALLS (1-866-632-2557)**

Fax Referral **1-212-290-3939**

PATIENT INFORMATION

Last Name _____

First Name _____

Date of Birth ____ / ____ / ____ Male Female

Social Security No. _____

Patient Address _____

City _____ State _____ Zip _____

Phone #1 _____

Phone #2 _____

Language spoken _____

Emergency Contact/Relationship _____

Day Phone _____

Evening Phone _____

PATIENT INSURANCE INFORMATION

Medicare No. _____

Medicaid No. _____

Insurance Carrier (Name and Authorization No.) _____

Subscriber Name _____

Policy No. _____ Group No. _____

HOME CARE ORDERS

- General Home Care
- Hospice
- Strong Foundations™ (Falls Prevention)
- Infusion
- Behavioral Health
- Telehealth (CHF Only)
- Assess and instruct medications and disease process
- Wound treatment
- Assess for Home Health Aide
- Other

REQUESTED START-OF-CARE DATE

____ / ____ / ____

HOME CARE DIAGNOSIS

1. _____
2. _____

Secondary Insurance Information

Insurance Carrier (Name and Authorization No.) _____

Subscriber Name _____

Policy No. _____ Group No. _____

MEDICARE AND OTHER REQUIRED INSURERS ONLY

FACE-TO-FACE ENCOUNTER CERTIFICATION

Patient Name _____

I certify that a face-to-face encounter was performed on the above named patient on ____ / ____ / ____ by _____

who is a Medicare enrolled physician or a permissible non-physician practitioner. The clinical reason for the encounter was:

The patient's clinical condition, as observed during the encounter, supports the patient's homebound status as follows (brief narrative):

ALL PATIENTS

The patient's clinical status supports the need for the following skilled services/tasks:

Skilled Nursing Care _____

Physical Therapy _____

Occupational Therapy _____

Speech/Language Therapy _____

Certifying Physician Signature _____ Date ____ / ____ / ____

Print Physician Name _____ Address _____

Phone _____ Fax _____



What is the definition of being “homebound?”

“**Homebound**” means a patient is unable to leave home without considerable and taxing effort.

CRITERIA 1	AND	CRITERIA 2
<p>Needing the aid of a supportive device due to illness or injury:</p> <ul style="list-style-type: none">■ Crutches, canes■ Wheelchair■ Walker■ Use of special transportation■ Assistance of another person in order to leave home, including for cognitive or psychiatric impairments <p>OR</p> <p>Having a condition where leaving home is medically contraindicated.</p>		<p>Normal inability to leave home and leaving home requires considerable and taxing effort:</p> <ul style="list-style-type: none">■ Exacerbated symptoms from leaving home, e.g., shortness of breath, pain, anxiety, confusion, fatigue

Patients who leave home infrequently for short durations or for health care **MAY STILL** be considered homebound. These situations may include (but are not limited to):

- Attending a religious service
- Going to get a haircut
- Walking around the block
- Attending a family event, funeral, graduation or other unique event
- Receiving outpatient kidney dialysis
- Receiving outpatient chemotherapy or radiation therapy

In a brief narrative form, physician’s documentation should always reflect how/why the patient is homebound and requires skilled services. (Example includes: Patient has diminished strength secondary to CVA, has an unsteady gait and needs assistance to ambulate.)