

For Blue Cross Blue Shield of Massachusetts members, fax to:

1-800-447-2994 - Medicare Advantage (alpha prefix XXC)
1-888-282-1315 - Federal employees (alpha prefix R)

Authorization not required for commercial members.

UNIVERSAL HEALTH PLAN/ HOME HEALTH AUTHORIZATION FORM

S.O.C. Date: ___/___/___ **Initial:** ___ **Reauthorization:** ___/___/___
Agency Discharge Date: ___/___/___ **MD Agrees:** Y/N **Patient Agrees:** Y/N

Patient Information

Name: _____
 S.O.C. Address: _____

 Telephone #: _____
 DOB: ___/___/___
 Homebound: Y/N Why? _____
 Diagnosis: _____
 Surgery: N/A _____

MD Information

Ordering MD: _____
 MD Phone #: _____
 PCP: _____
 Date of Next MD Visit: ___/___/___

Health Plan Information

Health Plan Name: _____
 Insurance #: _____
 Health Plan CM: _____
 Initial Auth#: _____
 Telephone #: _____ Fax #: _____

Agency Information

Agency Name: _____
 Provider Number: _____
 Contact: _____
 Telephone #: _____ Fax#: _____

DME/Supplies/IV/Lab

Vendor Name: _____

Community Resources _____

Caregiver Information

Name: _____
 Relationship: _____
 Type of Assistance: _____
 Teachable/Not Teachable: _____
 Primary Phone #: _____

Maternity Care N/A

Delivery Date ___/___/___ Time Of Delivery __: __
 Discharge Date ___/___/___ Time of Discharge __: __

Current Functional Status

Cognitive	Dress Lower Extremities	Bathing	Toileting	Ambulation
<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent
<input type="checkbox"/> Impaired	<input type="checkbox"/> Requires assist	<input type="checkbox"/> Requires assist	<input type="checkbox"/> Requires assist	<input type="checkbox"/> Requires assist
<input type="checkbox"/> Disoriented	<input type="checkbox"/> Unable	<input type="checkbox"/> Unable	<input type="checkbox"/> Unable	<input type="checkbox"/> Unable

Service Request	From	To	# Of Visits	Frequency	Auth # Visits	Health Plan Auth #
RN						
HHA/Hrs&Visits						
PT						
OT						
ST						
MSW						
Other						

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