



COASTAL CARE SERVICES, INC.<sup>®</sup>  
member quality redefined.

# Referral Form

Please fax this form along with Signed orders and required information to  
Fax# **305-418-9378** or **1-855-481-0606**

## Patient Information

Policy Number:	Last Name:	First Name:
Health Plan:	Date of Birth:	Phone Number:
Service address:		
Ordering physician:	NPI:	Phone: Fax:
Sender's Name and Number:	Facility:	Discharge Date:

## Diagnosis- ICD-9 (ICD-10 after 10/1/14)

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## Services Requested

### Home Health Orders

<input type="checkbox"/> Nurse Evaluation -for home or wound care needs & treatment _____ Wound care treatment plan & Location: _____ _____
<input type="checkbox"/> Physical Therapy Evaluation & Treatment <input type="checkbox"/> Home infusion/ medication(All first doses need to be given at the facility or PCP office) Administration -Medication, dosage, route & frequency/ duration: _____ _____
<input type="checkbox"/> Other:

## Durable Medical Equipment and Supplies (Please describe)

_____ Height: _____ _____ Weight: _____	
<input type="checkbox"/> Oxygen Therapy: <ul style="list-style-type: none"> <li>O2 Saturation Level on Room Air _____%</li> <li>Date O2 Sat was taken: _____</li> <li>Taken @ rest or with ambulation: _____</li> <li>If taken with ambulation- resting O2 Sat: _____%</li> <li>Bled into CPAP/BIPAP _____</li> </ul> <p><i>Script needs to have dx, settings (liters per minute, route of administration, continuous or nocturnal) AND oxygen saturation on room air.</i></p>	<input type="checkbox"/> CPAP Therapy: _____Initial <input type="checkbox"/> BIPAP Therapy: _____ Extension of existing rental Date of SOC _____ <ul style="list-style-type: none"> <li>Settings _____</li> <li>Baseline AHI _____</li> </ul> <p><i>For PAP Rental extension please provide PAP Compliance Report. For Initial PAP Rental please attach baseline sleep study report. For Bipap therapy, please provide two (2) pressure settings.</i></p>

**\*\*\*Attach all history & physical, discharge plans, any surgical reports, treatment and medication list\*\*\***