



COASTAL CARE SERVICES, INC.[®]
member quality redefined.

Referral Form

Please fax this form along with required documentation
To Fax# **305-418-9378** or **1-855-481-0606**

Expedited
(Requires Physician Signature)

X _____

Initial Request

Recertification

Policy Number:	Patient Last Name:	Patient First Name:
Health Plan:	Date of Birth:	Phone Number:
Service address:		
Sender's Name OR Company Name and Number:	Discharge Facility:	Discharge Date:

Diagnosis- ICD-10 Codes

S.O.C

Requested start date of service:

Services Requested

Home Health Orders (If HH is not ordered By MD or DO must be countersigned by the attending physician)

Nurse Evaluation -for home or wound care needs & treatment _____

Wound care treatment plan & Location: _____

Physical Therapy Evaluation & Treatment O.T Evaluation S.T Evaluation

Home infusion/ Medication Administration, Medication, dosage, route & frequency/ duration: _____

Other:

Durable Medical Equipment and Supplies (Power Mobility devices orders must include a Physical Therapist evaluation)

Please describe

_____ Height: _____

_____ Weight: _____

Oxygen Therapy:

- O2 Saturation Level on Room Air _____%
- Date O2 Sat was taken: _____
- Taken @ rest or with ambulation: _____
- If taken with ambulation- resting O2 Sat: _____%
- Bled into CPAP/BIPAP : Yes _____ No _____

Script needs to have dx, settings (liters per minute, route of administration, continuous or nocturnal) AND oxygen saturation on room air.

CPAP Therapy: _____ Initial

BIPAP Therapy: _____ Extension of existing rental
Date of SOC _____

- Settings _____
- Baseline AHI _____

*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.*

Ordering Physician Information (If no Dr's signature, must attach signed Rx)

Name of Ordering physician:	NPI #	Date:
Signature	Phone:	Fax:

****Attach any clinical notes, H&P, discharge orders, labs, and imaging reports to support medical necessity****