



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

# Referral Form

Please fax this form along with required documentation  
To Fax# **786-329-6515** 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	Discharge Facility:	Discharge Date:
Sender's or Company Name	NPI Number:	Phone Number:

**Diagnosis**- ICD-10 Codes

**S.O.C**

Requested start date of service:
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## Services Requested

Home Health Orders

Nurse Evaluation-For home care needs & or wound care treatment \_\_\_\_\_

Wound care treatment modality: (Detail wound care) \_\_\_\_\_

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

Home Infusion - Name of IV medication, dosage, route & frequency/duration: \_\_\_\_\_

Other Home Services:

Durable Medical Equipment and Supplies (Power Mobility devices orders requires a Home Assessment)

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 clinical notes, H&P, discharge orders, labs, and/or imaging reports to support medical necessity\*\***