



MedStar Visiting
Nurse Association

FAX COVER SHEET

Home Healthcare Referral

FAX to: 888-862-6082

Referral Documentation Checklist

Type of Referral: Start of care Resumption of care

Documents/information needed:

- Demographic sheet to include:
 - Patient's first and last name
 - Address and phone number of where patient will receive homecare services
 - Email address
 - Patient's primary language
 - Patient-selected representative or power of attorney
 - Insurance information
 - Emergency contact information
- For patients with **primary or secondary Medicare or Medical Assistance**, a completed Face-to-Face encounter document must be signed by a **physician** (PA or NP signature not acceptable)
- Physician's homecare order (if Face-to-Face document not required)
- Referring physician's name and phone number
- Name and phone number of the physician who will be following the patient for home care services
- Medication profile
- Hospital transfer/discharge summary (if applicable)
- History and physical

Additional items needed for infusion referrals:

- Current labs
- Signed physician's order with medication, dose, frequency and duration
- PICC line X-ray, tip placement, length of PICC line
- Lab/blood work orders (if applicable) and the physician who should receive the results

Questions? Call The Patient Intake Center at **800-862-2166**. Choose option 2.

FURTHER ACTION REQUIRED! Fax submission does not guarantee start-of-care. Please call to verify receipt and confirm start-of-care date.