

Physicians Health Plan



P.O. Box 30377 Lansing, MI 48909-7877 Phone: 800.832.9186

Home Health Care Request Form

Save time and use PHP's EZ auth portal to submit authorizations, click here: HealthTrio Connect - PHP

instructions: All sections must be completely filled out for review.

Please fax the completed form and relevant chart notes to 517.364.8409 Monday - Friday, 8 a.m. to 5 p.m. EST, except holidavs

Patient Information		Prescrib	Prescriber Information		
Today's date:		Referring	Referring Provider's name:		
Member name:		Office pho	Office phone: Fax:		
Member's PHP ID#:		Office con	Office contact:		
Date of birth:		Patient's F	Patient's Primary Physician:		
Treatment/Request Information					
☐ New Request ☐ Extension, authorization #					
ICD9/10 Diagnosis code:			Anticipated start of care date:		
Visit type:			•		
☐ SN	Number of Visits Requested:	Dates of service: from		to	
☐ PT	Number of Visits Requested:				
□ от	Number of Visits Requested:	Dates of service: from		to	
☐ ST	Number of Visits Requested:	_ Dates of service: from to		to	
□sw	Number of Visits Requested:	Dates of service: from to		to	
☐ Aide	Number of Visits Requested:	Dates of service: from to			
Home Health Contact Person & Title: Age		Agency: (include	ency: (include address, city, state, zip)		
Provider TIN and NPI:		Phone:		Fax:	
Description of skilled services (e.g. SNV dressing changes daily for wound, IV therapy – drug/dose/frequency, PT for gait training, OT for upper body strength)					

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