



FAX COVER SHEET

To: WellSky PAC Advance Clinical Team	From:
Fax: (877) 673-8784	Fax:
Phone: (855) 739-0742	Date:
Subject:	Contact Info:

Along with the fax coversheet please submit the following (if applicable) clinical information. Missing required clinical information could result in an unnecessary delay or potential denial.

Initial Authorization

- Authorization form
- Face Sheet/ Demographic Information
- History and Physical (H&P)
- Therapy Evaluations (if applicable/available)
- Therapy Progress Notes (notes should be dated within the past 24-48 hours)
- Progress Notes
- Discharge Summary (if applicable/available)
- Home Health only:
 - Homebound Status
- Other Information (requests without a discharge summary):
 - Home set-up/ prior living situation
 - Caregiver availability

Concurrent Authorization

- Authorization form
- Face Sheet/ Demographic Information
- Progress Notes—all disciplines

Home Health Recertification

- Authorization form
- Face Sheet/ Demographic Information
- Recertification Oasis
- Recertification 485/POC
 - Include updated orders (if applicable/available)
- Visit Notes (most up to date)
- Therapy Re-evaluations