

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

This facsimile transmission is intended for the sole confidential use of the designated recipients, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule.