

HEALTH OPTIONS AUTHORIZATION REQUEST FOR SOCIAL WORKER VISIT / HOME CARE
Fax to 1-855-451-6667

Home Health Provider Name: _____

Phone Number: _____

Fax from Name: _____

Member Name: _____

Request Type: New Ongoing Authorization # _____

For New Request: Please complete the following information:

Member ID: _____

Member Name: _____

Ordering MD: _____

Diagnosis: _____

Reason for Social worker visits in the home:

Home Environment: _____

Family/Support: _____

For ongoing request, please include auth number and name as requested above:

Number of Visits Requested and Timeframe

Number of Visits: _____ Start Date: _____ End Date: _____