# Fax Cover Sheet



To: naviHealth

From: Name:

Phone number:

Number of pages (including cover sheet):

Fax number: Today's date:

Facility:

naviHealth fax number:

# Additional Contact Information (if applicable) Acute Case Manager:

Acute facility:

Phone number:

### □ Preservice Authorization Request

The following information is required:

- Patient's name, current location and admit date, requested setting
- MD order sheet / full name of ordering physician and NPI number
- Hospital face sheet including name/phone of POA if applicable
- History and physical
- Nursing admission assessment
- Physical, occupational and speech therapy evaluations
- Most recent therapy notes
- Most recent physician notes
- Post-procedure notes if procedure occurred during this admission

### □ Admission Review / First Continued Stay Authorization Request

The following information is required:

- Demographic sheet
- Discharge planning assessment
- Nursing admission assessment
- Physical, occupational and speech therapy evaluations (within 48 hours of admission)

### □ Interim Review / Subsequent Continued Stay Authorization Requests

The following information is required:

- Demographic sheet
- Case management or social work notes
- Physician and nursing notes / physician orders
- Physical, occupational and speech therapy notes since last update (most recent should be within 24 hours of Next Review Date)

# □ **NOMNC** (must be signed and validated)

### $\Box$ Discharge Review

The following information is required:

- Patient's discharge instructions (preferably within 24 hours of discharge)
- Therapy discharge summaries
- Therapy service logs/billing logs including minutes and visits recorded for entire stay

This transmission is intended for the exclusive use of the individual or entity to which it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. Failure to maintain confidentiality of such information is subject to sanctions and penalties under state and federal law. If you have received this material/information in error, please contact the sender and delete or destroy the material/information immediately.