

**HOUSE CALL DOCTORS**  
**7610 Hwy 71 W., Ste. F, Austin, TX 78735**

**Patient referral Info.** — Who is the referral source \_\_\_\_\_ Phone \_\_\_\_\_

\*Does the patient know we are going to call them to make an appointment? Y/N

\*Does the patient have a PCP or is this PRN patient. Please circle PCP or PRN.

If this is a PRN patient please note the situation \_\_\_\_\_

Patients name (as it appears on Medicare card): \_\_\_\_\_  Male

Date of birth: \_\_\_\_\_  Female

Address: \_\_\_\_\_

Name of Group Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second #: \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Relationship to patient/phone(s) \_\_\_\_\_ / \_\_\_\_\_

SS#: \_\_\_\_\_

Medicare #: \_\_\_\_\_  Part A  Part B

Medicare effective date: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Supplemental Insurance (if doesn't have Medicaid):

Name of insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy holder: \_\_\_\_\_

Policy holders DOB: \_\_\_\_\_

Relationship to policy holder: \_\_\_\_\_

Has the patient moved in the last year? \_\_\_\_\_ Does Medicare have the current address? \_\_\_\_\_

What was the previous address \_\_\_\_\_

Has the patient been seen by another MD or been in the hospital this year to meet the Medicare deductible for the year? \_\_\_\_\_

\*Has the patient been informed of the 20%? \_\_\_\_\_

Payment of 20% with Credit Card

Name as it appears on card \_\_\_\_\_

Card number and expiration date \_\_\_\_\_

Billing address and zip code of card holder \_\_\_\_\_

**Home Health Information**

Name of Home Health: \_\_\_\_\_

Home Health Address \_\_\_\_\_

\*Home Health Provider #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of employee at the Home Health Agency: \_\_\_\_\_

What are patient's skilled nursing needs? (Mandatory)

\_\_\_\_\_  
\_\_\_\_\_

Please allow our office 24-hours after our initial provider assessment of the patient. The provider will determine if the patient has a skilled nursing need. We can then sign the order for the patient to be admitted to Home Health or notify the Home Health agency that the Provider will not sign orders for Home Health Admission. Medicare only covers 80% of our services. Medicaid or a supplemental insurance will probably cover the other 20%, so please find out if the patient has Medicaid or a supplemental insurance. Thank You.