



5802 Benjamin Center Drive #105
Tampa, FL 33634

Telephone: 855-444-3747
Fax: 855-245-7418

FACSIMILE COVER SHEET

Private Duty Nursing/PPEC Services Request Form

To:	eQHealth PDN/PPEC/CCM – SNF
From:	
Phone:	
Date:	
Pages incl. coversheet:	

Please only include one participant per fax cover sheet

Recipient Medicaid Number: _____

___ **NEW REQUEST** ___ **EXISTING PARTICIPANT** ___ **SNF PARTICIPANT**

Please attach the following documents as appropriate:

- Demographic Sheet
- Nursing Assessment
- Most recent History and Physical (**PDN only**), or
- Physician Monitoring Form (**PDN only**)
- Ordering Provider Order (**AHCA form or script including all the AHCA requirements**)
- Plan of Care
- Referral contact information (*Please print clearly*):
 - Name: _____
 - Source: (**family, ordering provider, PDN provider, PPEC provider/ Hospital Discharge planner**)_____
 - Phone: _____
 - Email: _____

CONFIDENTIALITY OF INFORMATION

This fax transmission is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify our office immediately to arrange for the return of the documents you have received.