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**FACSIMILE COVER SHEET**

**Private Duty Nursing/PPEC Services Request Form**

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

**\*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: \_\_\_\_\_

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