



REQUEST DATE:	REVIEWER:	TODAY'S DATE:
DATE REQUEST IS DUE:	DATE SUBMITTED:	
TYPE OF REQUEST:		

PATIENT NAME:	Med review request date:	Due date:
HIC NUMBER:	SOC DATE:	EPISODE DATES:
SERVICES PROVIDED: SN PSYCH	PT OT ST	MSW AIDE

	FORM	YES	NO	N/A
1	COPY OF REQUEST LETTER – ALL PAGES			
2	AGENCY COVER LETTER			
3	TABLE OF CONTENTS			
4	ITEMIZED SUPPLIES & DME			
5	PATIENT ADMIT/CONSENT FORMS			
6	FACE-2-FACE ENCOUNTER (ACTUAL PHYSICIAN SIGNED NOTE)			
7	AGENCY DOCUMENTATION SIGNED/DATED BY CERTIFYING PHYSICIAN			
8	REFERRAL ORDER AND ADDITIONAL MEDICAL RECORDS			
9	485/POC (also initial POC if adjacent episode)			
10	ALL SUPPLEMENTAL ORDERS			
11	SUPPORTING OASIS ASSESSMENTS (also SOC if adjacent episode)			
12	SN VISIT NOTES (in chronological order beginning with oldest)			
13	PHYSICAL THERAPY INITIAL AND SUBSEQUENT REASSESSMENTS (also initial evaluation if adjacent episode)			
14	PT VISIT NOTES (in chronological order beginning with oldest)			
15	OCCUPATIONAL THERAPY INITIAL AND SUBSEQUENT REASSESSMENTS (also initial evaluation if adjacent episode)			
16	OT VISIT NOTES in chronological order beginning with oldest)			
17	SPEECH THERAPY EVALUATION			
18	ST VISIT NOTES in chronological order beginning with oldest)			
19	MSW EVALUATIONS AND NOTES			
20	HH AIDE POC FOLLOWED BY VISIT NOTES AND HH AIDE SUPERVISIONS			
21	AGENCY OR DISCIPLINE DC/60-DAY SUMMARIES/TRANSFER SUMMARIES			
22	LAB RESULTS			
23	ABN/HHCCN/NOMNC			
24	ELECTRONIC SIGNATURE POLICY/SIGNATURE LOG			
25	OASIS VALIDATION			
26	UB04/FINAL CLAIM			

ALL CHART & REFERRAL DOCUMENTATION RECORDS INCLUDE PATIENT IDENTIFICATION, DATE OF SERVICE, PROVIDER NAME, CLINICIAN NAME & LEGIBLE SIGNATURES