



# Hospital/Facility Newsflash

December 2017

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## CARECENTRIX HOLIDAY HOME CARE REFERRALS

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Dear Healthcare Partner,

With the upcoming holiday, we are asking to submit your referrals to CareCentrix as early as possible, so that we can ensure services are coordinated timely for your discharging patient(s).

Please submit referrals by the following methods:

- Florida Blue fax - 877 627-6688
- Aetna fax – 866-721-6022
- All other plans fax – 800-700-2085
- Per ECIN/Allscripts

In addition, should you have any questions, concerns, or wish to discuss care needs for your discharging patient(s) please call 1-877-466-0164 option 4

We appreciate your partnership!

### **EDRC-105F**

#### **Confidentiality and HIPAA Notice**

The information contained in this facsimile message is confidential information belonging to the sender intended only for the use of the individual or entity named above. The information may include health information protected from disclosure under state and federal law, including HIPAA. You are obligated to maintain such information in a safe, secure and confidential manner, and any redisclosure without additional consent or as permitted by law is strictly prohibited. If you are not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone to arrange for the return of the original document to us.



## Pre-Surgical Notification Referral Instruction Sheet

This is not a fax cover sheet. Please use your organization's fax cover sheet.

Please submit patient's demographic information, history and physical, along with anticipated orders along with this document.

For discharge notices for **Pre-Surgical** patients please also provide the following:

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Health Plan:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**Surgical Facility Name:** \_\_\_\_\_

**Surgery date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**Procedure:**

**MD Protocol:**

**MD (Name) Following Patient post-surgical discharge (PCP)** \_\_\_\_\_

**MD Phone Number:-** \_\_\_\_\_

**Anticipated start of care:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**Home Health services being requested:**

**Preferred Agency:** \_\_\_\_\_ **City Agency located:** \_\_\_\_\_

**Submit to CareCentrix via ECIN or fax:** Florida Blue - 877 627-6688  
Aetna – 866-721-6022  
All other plans – 800-700-2085

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