Referral Intake Sheet

Referral Source: _____ **Referral Tel #:** _____ **Date:** _____

Referral Date: _____ **Referral Time:** _____

Hospital/Facility: _____

Facility D/C Date: _____ SOC Date: _____

Patient Name: _____ Tel # _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Sex: ☐M ☐F

Medicare #: _____ SSN: _____ Medicaid #: _____

Next of Kin/Emergency Contact: _____ Relationship: _____

Tel #: _____ Other Contact #: _____

Referring Physician: _____ **NPI#:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel #: _____ Fax #: _____

Primary Physician: _____ **NPI#:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel #: _____ Fax #: _____

Primary / Secondary Diagnosis

_____ _____

_____ _____

_____ _____

_____ _____

Physician Face to Face Encounter date: _____

Intake Staff: _____ **Date:** _____

Changes in Admission Status: _____

_____

_____

_____

Medicare A Effective Date: _____ Term Date: _____

Medicare B Effective Date: _____ Term Date: _____

Referral Intake Sheet

Primary Payor Assessment

- ❑ N/A Medicaid Patient
- ❑ Is Patient under a Medicare HMO plan for medical insurance:

  □ No □Yes: Name of Plan: _____
- ❑ Is Patient under any employee group health plan?

  □ No □ Yes Name of Plan: _____
- ❑ Is Patient entitled to disability/VA/ESRD/Black Lung benefits?

  □ No □ Yes Entitled benefits: _____
- ❑ Is this service for treatment work related?

  □ No □ Yes Explain: _____
- ❑ Is this service for treatment related to an auto accident?

  □ No □ Yes Date of accident: _____
- ❑ Are benefits for services being submitted to any other party for reimbursement consideration?

  □ No □ Yes Explain: _____

  _____

Prior episodes exist:

____Patient within their sixty (60) day period on OUR services and referral source should be: Physician /Hospital

____If Patient is on service with another agency, complete Beneficiary Elected Transfer Statement form, document notification of agency and bill Condition Code 47.

Palmetto GBA expects the admitting agency to make 3 documented attempts to contact the transferring agency for D/C date and final billing. Document if attempts were written/verbal and whom you spoke with. In the event the transferring agency does not D/C and final bill, the admitting agency has the right to appeal to Palmetto for payment. Documented proof is required along with the completed Beneficiary Elected Transfer Statement form before Palmetto GBA will PEP the other agency.