



Vidant Home Health & Hospice

1005 WH SMITH BLVD
Greenville, NC 27834
252.847.2000 / 800.227.3894
www.vidanthealth.com/HHH

Patient Name _____

DOB _____ **MALE** **FEMALE**

SERVICE Address _____

City _____ **State** _____ **Zip** _____

(The address listed should be the location where services will be rendered)

Phone _____ **Alternate Phone** _____

Insurance Carrier _____

Provider _____

HOME HEALTH

HOSPICE *(Exempt from Homebound Status)*

The following documents are required

- ✓ **Orders**
- ✓ **Documentation supporting homebound status & skills needed** *(Home Health only)*
- ✓ **History & Physical**
- ✓ **Lab results** *(most recent)*
- ✓ **Medication List** *(most recent)*
- ✓ **Insurance information**

Person coordinating patient's care _____

Total number of pages _____

Please fax to our Central Intake Department @ 252-847-8249 or by email

Central.Intake-Care.Coordination@vidanthealth.com

IMPORTANT NOTE: CONFIDENTIAL & PROTECTED HEALTH INFORMATION ENCLOSED

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law.