

PRIVATE DUTY NURSING (PDN) INITIAL REQUEST PRIOR APPROVAL REFERRAL FORM

N.C. Division of Medical Assistance Home and Community Care Section, HCI Unit
2501 Mail Service Center Raleigh, North Carolina 27699-2502
PHONE: (919) 855-4393 FAX: (919) 715-2859

For initial PDN requests, submit either a) this form along with a DMA 3075 or
b) a physician's letter of medical necessity.

PATIENT INFORMATION

Name _____
Address _____
Phone Number _____
MID # _____ Medicare # _____
Birthdate _____ Sex _____

RESPONSIBLE PARTY/ HEALTH CARE POWER OF ATTORNEY/LEGAL REPRESENTATIVE

Name _____
Address _____
Phone Number _____ Relationship _____

CAREGIVER INFORMATION

Name _____
Address _____
Phone Numbers work _____ home _____
Relationship to Recipient _____
Hours/Day Available to Care for Recipient _____

PHYSICIAN INFORMATION

Community Attending's Name _____
Address _____
Phone Number _____
Names and Phone Numbers of Other Physicians Ordering Care _____

NURSING AGENCY INFORMATION

PDN Agency _____
Address _____
Nursing Contact Person _____
Contact's Phone Number _____
PDN Provider Number 7100 _____

INSURANCE INFORMATION

Insurer's Name _____
Address _____
Contact Person & Phone Number _____
Policy or ID Number _____
Amount of PDN Covered by Insurance _____

MEDICAL INFORMATION

Primary and secondary diagnoses that support the need for PDN _____

Primary nursing interventions and the frequency with which these are performed at home _____

Requested SOC Date: _____ Anticipated Hospital Discharge Date: _____

Physician Orders for Daily Hours and Weeks' Duration _____

Decrease Hours _____

Referred by Name/Agency _____

Phone Number _____