



At Home<sup>SM</sup>

## Provider Request Form

**Humana At Home care management helps your patients covered by Humana remain independent at home. Humana provides a personal care manager to patients who are at risk of frequent hospitalization.**

### Humana At Home care managers can:

- Answer questions that come up between doctor visits about health conditions and medicine
- Help sort through medical bills and paperwork
- Coordinate medication and care among providers
- Help locate transportation, meals, financial and social services and more

### Patients who might benefit:

- Are frequently hospitalized
- Have limited family support
- Regularly miss appointments
- Have chronic conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes
- Have one of these specialty conditions: amyotrophic lateral sclerosis (ALS), chronic inflammatory demyelinating polyneuropathy (CIDP), cystic fibrosis, dermatomyositis, multiple sclerosis, hemophilia (except Von Willebrand disease), myasthenia gravis, Parkinson’s disease, rheumatoid arthritis (13 years and older), polymyositis, scleroderma, sickle cell disease, systemic lupus

**To refer a patient for a Humana At Home care manager, please provide the information requested below and briefly describe the patient’s care needs on Page 2.**

**Completed forms can be submitted in two ways:**

- Fax completed form to 1-877-770-0651 using a fax cover sheet
- Email the form using our secure email portal. Standard email is not secure and may expose information to unauthorized parties. To send a secure email, [visit this portal](#) and send your message to [HAH\\_ProviderReferrals@Humana.com](mailto:HAH_ProviderReferrals@Humana.com).

<b>Humana member ID:</b>	<b>Member name:</b>	<b>Date of birth:</b>	<b>Member phone number:</b>
<b>Referred by (name):</b>	<b>Referrer email address:</b>	<b>If referrer is a physician, add physician’s phone number:</b>	
<b>Caregiver name:</b>	<b>Caregiver phone number:</b>	<b>Caregiver email address:</b>	



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**Patient care needs**

Briefly describe the complex care needs applicable to the patient you are referring.

Need	Details
Caregiver	
Self-care management skills	
Depression/mental health/ cognitive	
Medications	
Financial	
Home safety/fall risk	
Nutrition	
Function	
Transportation	
Other	