Private Duty Nursing Communication Discharge Form

Member Name: ___________________________ MaineCare ID: ___________________________

Primary Provider Name: _____________________________________________________________

Contact Name: _________________________ Telephone: _______________ Fax: _______________

Secondary Provider Name: ___________________________________________________________

Contact Name: _________________________ Telephone: _______________ Fax: _______________

Reason(s) for Communication:

- Primary Agency Discharge
- Change of Primary Agency
- Secondary Agency Discharge
- Transfer of Units to Another Agency:

- It is the responsibility of the primary agency to submit the MEDKids-PDN assessment.

- The secondary agency must submit a request for a new Private Duty Nursing Services prior authorization, including the total number of units being requested and a copy of the secondary agency’s plan of care as the secondary agency must have their own physician’s orders to provide services.

Discharged to:

- Other Provider: ___________________________ Date: ___________________________
- Home, No Services Date: ___________________________
- Facility: _____________________________________________________________________ Date: ___________________________
- Deceased Date: ___________________________

Person Completing this Form: ___________________________ Date: __________________________

Please submit all requests through the Health PAS Online Portal or MIHMS via fax (1-866-598-3963).

Notes: