



### 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:**

<input type="checkbox"/>	Primary Agency Discharge	Final Date of Billable Services: _____
<input type="checkbox"/>	Change of Primary Agency	Effective Date: _____
<input type="checkbox"/>	Secondary Agency Discharge	Final Date of Billable Services: _____
<input type="checkbox"/>	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:**

<input type="checkbox"/>	Other Provider: _____	Date: _____
<input type="checkbox"/>	Home, No Services	Date: _____
<input type="checkbox"/>	Facility: _____	Date: _____
<input type="checkbox"/>	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: