

# NORTHWEST COLORADO HEALTH

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## FAX

TO:	FROM:
FAX:	FAX: 970-826-4164
PHONE:	PHONE: 970-871-7661/970-819-1771
SUBJECT:	DATE:
COMMENTS:	

### **Thank you for your referral please provide the following information:**

**Demographics  
with Physical address and SS#  
Copy of Insurance Card  
Current Medication List  
Labs  
H&P  
Emergency Contact**

**Relevant Dr. Visits  
Physicians Orders  
Diagnosis  
Discharge Paperwork  
ICD Codes**

### **Needed for all Medicare Clients:**

**Attached is the Face to Face Encounter Form, a Federal Requirement for all Medicare patients needing home health services. We will need this form completed and signed by a Physician before admission. If this form can not be filled out before admission to home health, please contact me.**

**Thank you,  
Jennifer Greer, RN  
In-Home Support Services Manager  
970-871-7661/970-819-1771**