# Skilled Nursing Facility Update Form

Submit completed form via fax to Health Services at 1-833-263-4865 or email SNF@MediGold.com. Include your most recent clinical notes with this form.

## Member Information

<table>
<thead>
<tr>
<th>Member's Name</th>
<th>Member's ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Patient Date of Birth</td>
</tr>
<tr>
<td>TIN Number</td>
<td>NPI Number</td>
</tr>
<tr>
<td>SNF Phone Number</td>
<td>SNF Fax Number</td>
</tr>
<tr>
<td>Attending Physician</td>
<td>SNF Contact Person</td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td>Contact Fax Number</td>
</tr>
<tr>
<td>Admit Date</td>
<td>Est. DC Date</td>
</tr>
</tbody>
</table>

## Discharge Plan (including living environment, DME)

## Continued Skilled Services being requested:

- [ ] Physical Therapy
- [ ] Occupational Therapy
- [ ] Speech Therapy
- [ ] Complex Wound Care
- [ ] IV Nutrition (TPN, PPN)
- [ ] Ventilator
- [ ] Trach Care
- [ ] IV Antibiotics
- [ ] Tube Feeding (NG, NJ, PEG)
- [ ] Chemotherapy or Radiation

Please supply clinical documentation to support the medical necessity of each service selected.

## Additional information to support stay

## Recent Fall or Acute Process. If yes, explain:

- [ ] Yes
- [ ] No

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