



FAX TO \_\_\_\_\_  
**COMPANION** unimed  
**ATTN: Intake Department**  
 Fax: (910) 608-0464  
 Tel: (919) 608-0430

**RAPID FAX REFERRAL**

**REFERRAL FROM**

Provider \_\_\_\_\_ Sent by \_\_\_\_\_ Date \_\_\_\_\_  
 Total # of pages \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Please start services on date \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

**The Following Is Needed To Process A Referral**

- Face Sheet (required)
- History & Physical and/or Progress Note (if applicable)
- Copies of Insurance Card (required)
- Face to Face form (see below)

**Face to Face is a Medicare required document that must accompany any new Medicare patient referral. Please contact our Intake Department if you need help completing this form.**

**HOME HEALTH SKILLED SERVICES**

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- IV Therapy
- Home Safety Evaluation
- Ostomy Care
- Diabetic Care
- Social Services
- Nurse Wound Evaluation
- Negative Pressure Wound Therapy
- G-tube Feedings
- Home Health Aide

IV Dosage \_\_\_\_\_  Injections \_\_\_\_\_

Medical Equipment \_\_\_\_\_

Provider Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_