



Office: (210) 474-0037

Fax: (210) 474-0067

Toll Free: 1-877-713-7878

Patient Name: _____ Male Female

DOB _____ Phone#() _____ Home Bound Y N

Address of Care _____

Primary Insurance _____ Policy# _____

Secondary Insurance _____ Policy# _____

Referring MD _____ Phone#() _____

Referral Date _____ Person Sending Referral _____

Diagnosis _____

Co-Morbidities _____

Primary Care MD _____ Phone#() _____

HOME CARE NEEDED

Skilled Nursing Assessment and Observation

IV Therapy/Clysis

PT Assess, Eval. and Set Freq.

Home Health Aide

OT Assess, Eval. and Set Freq.

Wound VAC

ST Assess, Eval. and Set Freq.

Vital Stim

Anodyne Therapy

Pulse Oximeter

Lymphedema Treatment

Wound Care

Electric Stim/TENS

Venipuncture

Foley Insertion

Ultra Sound

_____ Ostomy

Vitamin B12 Injections

Other: _____

Frequency/Duration _____ Times Per Week For _____ Weeks

Other/Comments/Precautions:

MD Signature: _____ Date: _____

See Treatment Codes for Professional Services Required Attached



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Amistad Home Care Inc. Treatment Codes for Professional Services Required

Skilled Nursing

- A3. Bladder Instillation
- A4. Open Wound Care/Dressing
- A5. Decubitus Care
- A7. Restorative Nursing
- A8. Post Cataract Care
- A9. Bowel/Bladder Training
- A10. Chest Physio
- A11. Adm. Vit. B12
- A12. Adm. Insulin
- A13. Adm. Other IM/Subq

- A16. Teach Nasogastric Feeding
- A17. Reinsertion Nasogastric Feeding Tube
- A18. Teach Gastrostomy Feed.
- A19. Teach Parenteral Nutrition
- A20. Teach Care of Trach
- A21. Adm. Care of Trach
- A22. Teach Inhalation Rx
- A23. Adm. Inhalation Rx
- A24. Teach Adm. Of Injection

- A25. Teach Diabetic Care
- A26. Disimpaction/F.U. Enema
- A28. Wound Care/Dressing-Closed Incision/suture line
- A29. Decubitus Care(other than A5)
- A30. Teaching Care of Any Indwelling Catheter
- A31. Management and Eval of Patient Care Plan
- A32. Teaching and Training (other)

Physical Therapy

- B2. Therapeutic Exercise
- B3. Transfer Training
- B4. Home Program
- B5. Gait Training

- B6. Pulmonary PT
- B9. Prosthetic Training
- B10. Fabrication Temp. Device
- B11. Muscle Re-education

- B12. Management and Eval of a Patient Care Plan
- B13-14. Reserved
- B15. Other (Specify Under Orders)

Speech Therapy

- C2. Voice Disorders Treat.
- C3. Speech Articulation Disorders Treatment

- C4. Dysphagia Treatments
- C5. Language Disorders Treat.
- C6. Aural Rehabilitation

- C7. Reserved
- C8. Nonoral Communication
- C9. Other (Specify Under Orders)

Occupational Therapy

- D2. Independent Living/Daily Living Skills
- D3. Muscle Re-Education
- D4. Reserved

- D5. Perceptual Motor Train
- D6. Fine Motor Coordination
- D7. Neurodevelopment Train.
- D8. Sensory Treatment

- D9. Orthotics/Splinting
- D10. Adaptive Equipment (fabrication and train.)
- D11. Other (Specify Under Orders)

Home Health Aide

- F1. Tub/Shower Bath
- F2. Partial/Complete Bed Bath
- F3. Reserved
- F4. Personal Care
- F5. Reserved

- F6. Catheter Care
- F7. Reserved
- F8. Assist w/Ambulation
- F9. Reserved
- F10. Exercises

- F11. Prepare meal
- F12. Grocery shop
- F13. Wash Clothes
- F14. Housekeeping
- F15. Other (Specify Under Orders)

Counties We Serve

**Atascosa • Bandera • Bexar • Comal • Edwards • Frio • Guadalupe
Kendall • Kinney • Maverick • Medina • Uvalde • Val Verde • Wilson**