



Nursing Facility Private Room Request Form

Please submit this form only after all applicable fields have been completed and all signatures obtained. Incomplete applications will not be accepted. By signing this form, you attest to the fact that this is an accurate representation of the member's condition.

FACILITY INFORMATION			
Facility Name		Contact Person	
Address		Phone Number	
City, State, Zip		Fax Number	
Facility Phone		Email Address	
MEMBER INFORMATION			
Last Name		First Name	Middle Initial
Birthdate	SCHA ID #	SSN #	
Expected Length of Need for Private Room		Private Room Start Date	
EXPLANATION OF PRIVATE ROOM NEED			
Diagnosis Code:		Procedure Code:	
<input type="checkbox"/> Behavioral Issues (explain below)	<input type="checkbox"/> Dementia	<input type="checkbox"/> Terminal illness/hospice (less than 6 months)	
<input type="checkbox"/> Morbid Obesity	<input type="checkbox"/> Vent-dependent	<input type="checkbox"/> Legally Blind	
<input type="checkbox"/> CDiff/MRSA	<input type="checkbox"/> Other highly infectious condition (explain below)		
<p>Please provide a brief but complete explanation of the member's diagnosis, medical conditions, or other circumstances that create the need for a private room. For behavioral issues, please reference the frequency of such occurrences and steps that have been taken to modify the behaviors. Do not attach other documentation (care plans, case notes, etc.). If we need additional documentation, we will request it.</p>			
SIGNATURES			
We have reviewed the information and related documentation and concur with the need for a private room.			
_____		<input type="checkbox"/> MD <input type="checkbox"/> CNP <input type="checkbox"/> PA	
Physician Signature		Date	
_____		_____	
Quality Assessment & Assurance Committee (QAAC) representative signature		Date reviewed by QAAC	
SOUTH COUNTRY HEALTH ALLIANCE CONTACT INFORMATION			
<p>Send completed forms by fax to Utilization Management at 888-633-4052. Contact the Provider Call Center at 888-633-4055 for questions related to claims. Contact Utilization Management at 888-633-4051 for questions related to the request form.</p>			