Rhode Island EOHHS FVV Request Form

Only request and FVV device when:

- The recipient does not have a home phone (land line) or cell phone that can be used for home health service providers to call-in and call-out at the beginning and end of each home health visit.
- Recipient has an active authorization valid for a least two weeks from the date you request the FVV device.
- Recipient has an Active Status in the application.

Once completed, please email form to ricustomersupport@sandata.com

Provider Information:

Request Date: _____

Sandata Account ID: _____

Agency Name: _____

Contact's Name: _____

Contact's Phone & Ext if Applicable:

_____ _____

Contact's Email Address:

_____

Provider Medicaid ID_____

Provider NPI: _____

Provider Information:

Recipient Name: _____

Medicaid ID: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Recipient Phone: _____

Alt Phone: _____

Shipping:

Contact's Name: _____

Address: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Phone: _____

FVV Issued Device (To be completed by Sandata upon fulfillment):

Device Serial Number: _____

Shipped Date: _____

Tracking Number: _____