STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
MEDICAID PROGRAM

HOMECARE SERVICES REQUEST
FOR FORMER UNITY MEMBERS ONLY

Instructions:

Please complete this form and fax or mail to:

DXC Technology
P.O. Box 2010
WARWICK, RI 02887

FAX: 401-784-3892

PATIENT NAME: _____

MEDICAID IDENTIFICATION NUMBER (MID): _____

PROVIDER NAME (PLEASE PRINT): _____

PROVIDER NPI AND TAXONOMY: _____

PROVIDER TELEPHONE: _____ PROVIDER FAX: _____

PLEASE INDICATE SERVICE REQUESTED	# OF UNITS REQUESTED	START DATE	END DATE
HOMECARE SERVICES			

PROVIDER SIGNATURE AND TITLE: _____

DATE: _____

FOR ADMINISTRATIVE USE ONLY

This request has been received and PROVIDER MAY BILL UNITS as requested above.	This request is DENIED. Patient is not a former Unity member. Follow standard Homecare PA process.	DXC Reviewer	Date
☐	☐		

Instructions

If additional home care hours are needed for a "Former RHO Unity member," providers can complete this form and fax it directly to DXC Technology (Fax: 401-784-3892).

All information on the form must be completed.

Once the fax is received, DXC will confirm that member is a "Former RHO Unity member:"

a. If **yes**, the first box (circled in red) will be checked

b. If **no**, the second box (circled in blue below) will be checked

The form will be faxed back to the provider for their files.