



## 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 [ricustomercare@sandata.com](mailto:ricustomercare@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: \_\_\_\_\_