



We are pleased to announce that **Shasta Family Health Care Services** is now open and accepting new patients for home health services in Shasta County. Family owned and operated in Anderson, California. Accredited by Community Health Care Partner(CHAP).



Current Insurances Accepted:

- MEDICARE
- BLUE SHIELD PPO
- PARTNERSHIP
- PRIVATE PAY
- ANTHEM BLUE
- OTHER INSURANCES COMING SOON

Covered Service Areas:

• Anderson	• Cottonwood	• Shasta Lake	• Redding
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Services Currently Available:

- Skilled nursing
- Hablamos Espanol
- Certified nursing assistants (CNA'S)
- Spanish interpreters available

Qualifying Criteria:

<ul style="list-style-type: none"> • Physician approval for admission <ul style="list-style-type: none"> ○ Sign referral order ○ Sign, oversee and review orders while patient is admitted to our care 	<ul style="list-style-type: none"> • Patient must have a skilled nursing need <ul style="list-style-type: none"> ○ Medication Management ○ Diagnosis Education ○ Safety ○ Infection Prevention
<ul style="list-style-type: none"> • Patient must be homebound <ul style="list-style-type: none"> ○ Patient cannot leave home due to lack of transportation ○ Have begun to leave home less and less ○ Taxing when they must leave home 	<ul style="list-style-type: none"> • Cost <ul style="list-style-type: none"> ○ The insurances listed above will typically cover most or all of the cost for home health services. ○ Authorization of coverage is verified before services begin to ensure patient is aware of any out pocket costs, if any.

4 Ways To Get Started:

1. Have your physician use the order on the back of this flyer and fax to us.
2. Have your physician create their own order and fax to us.
3. Have your physician call us for more information.
4. The patient or family member can call us for more information and we can assist with calling your physician directly to request home health services.

Call us for more information:

Shasta Family Health Care Services
 2350 Balls Ferry Rd. Suite A – Anderson, CA 96007
 Phone: 530.378.5283 Fax: 530.378.5284 NPI: 1205488731 **ATT: Cynthia Cortez, Administrator**



PHYSICIAN REFERRAL ORDERS:

Agency Name: Shasta Family Health Care Services **NPI:** 1205488731 **P:** 530.378.5283
F: 530.378.5284 **Address:** 2350 Balls Ferry Road, Suite A - Anderson, CA 96007

Patients Name: _____ Medicare # _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ DOB: _____ PIN: _____

Date: _____ Time: _____

Intervention/Order: Patient Problem/Diagnosis (Explain why the patient is requesting home health services: _____

Admit patient to **SHASTA FAMILY HEALTH CARE SERVICES** for Home Health Care Services from _____ through _____ SN to assess, evaluate, and instruct patient on disease process, knowledge deficit of medication, safety, and diet.

Frequency: _____

Recertify patient to **SHASTA FAMILY HEALTH CARE SERVICES** for Health Care services for a period of 60 days, from _____ through _____. SN to monitor, re-evaluate and manage patient's medical Regimen.

Frequency: _____

I, _____, attest that I had a face-to-face encounter with [_____] on [_____ / _____ / _____], which was within 90 days prior to, or 30 days after, the start of home health care. Please Fax Patient FACE SHEET.

Signature: _____ **Date:** _____

HHA Spoke to (Name & Title): _____ Date: _____ Time: _____

Physician/Allowed Practitioner Name & Title: _____

Physician/Allowed Practitioner Signature: _____ Date: _____ Time: _____

Physician NPI: _____ Physician Phone: _____ P. Fax: _____

Number of Pages Faxed: _____

URGENT ACTION REQUIRED: Please ensure the patient's physician or authorized practitioner signs and returns this referral order via fax within 48 hours of receipt. This is critical for compliance and to address the urgent need for the patient to begin receiving care promptly. Thank you!

Confidentiality Notice: This fax is intended for the exclusive use of the recipient named above. It contains information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. It is intended only for the use of the person(s) named above. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you received this fax in error, please notify the sender immediately by calling 530-378-5283. Thank you.