



San Carlos Apache Healthcare Corporation

Purchase Referred Care Department (PRC)
 Skilled Nursing Facility-Long Term Care (SNF/LTC)

P.O. Box 787 ▪ 103 Medicine Way Road ▪ Peridot, AZ 85542 ▪ (928) 475-1200

Date: _____

Provider Information		Billing Information		
Name:		Provider # or Tax ID:		
Location:		Contact Person:		
		City:	State:	Zip:
Phone:		Fax:		
Patient Information: This must be filled out completely to ensure HIPPA Compliance				
First Name:		Last:		DOB:
Address:		City:	State:	Zip Code:
Insurance (Please list all):			Phone Number:	
Requested Service: Please include supporting chart notes, Diagnostic tests & lab values when appropriate.				
Diagnosis and Description:				
Procedure and Description:				
Services Requested: <input type="checkbox"/> SNF <input type="checkbox"/> LTC				
Admission Date/Time:				
Estimate length of stay:				
Has the patient applied for Arizona Long Term Care (ALTCS)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the patient been inpatient in the last 90 days (If yes, where)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the patient utilized SNF @ any other facility in the last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Facility:		Date of D/C:		