DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE
PHYSICIAN ORDER FORM (POF)
FOR MEDICAID SERVICES

Physician is to complete applicable sections and fax to Delmarva Foundation at 202-698-2075.

SECTION I: PATIENT INFORMATION

A. PATIENT D.C. MEDICAID NUMBER:	B. NAME (LAST, FIRST, M.I.): (PRINT)	C. PERMANENT ADDRESS:
D. TELEPHONE NUMBER: _____-_____-_____	E. DATE OF BIRTH: _____/_____/_____	F. SEX: ☐ M ☐ F

G. PATIENT LOCATION AND ADDRESSS ON DATE OF ORDER:	H. DOES PATIENT HAVE OTHER HEALTH INSURANCE COVERAGE? ☐ Yes ☐ No If yes, please provide the following: (To be completed by Delmarva Foundation staff providing face to face comprehensive assessment)
☐ HOME ☐ HOSPITAL (name): _____ ☐ NURSING FACILITY (name): _____ ☐ OTHER (name): _____ IF IN A FACILIITY, EXPECTED DATE OF DISCHARGE: _____/_____/_____ ADDRESS TO WHICH PATIENT WILL BE DISCHARGED:	PLAN NAME AND POLICY NUMBER: NAME OF POLICY HOLDER: PLAN ADDRESS AND TELEPHONE NUMBER: I. DATE OF ORDER: _____/_____/_____

SECTION II: PHYSICIAN INFORMATION

A. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER:	A. DC MEDICAID PROVIDER NUMBER:
B. PHYSICIAN NAME (LAST, FIRST, M.I.): (PRINT)	B. PHYSICIAN ADDRESS:
C. TELEPHONE NUMBER: _____-_____-_____	C. FAX NUMBER: _____-_____-_____

SECTION III: TYPE OF SERVICES

☐ PERSONAL CARE AIDE (PCA) SERVICES	☐ ADULT DAY HEALTH PROGRAM (ADHP) SERVICES
A. Is patient unable to independently perform one or more activities of daily living for which PCA services are needed? ☐ Yes ☐ No	A. Is patient 55 years or older with a chronic medical condition? ☐ Yes ☐ No
B. Does patient have a medical condition or cognitive impairment that limits activities of daily living? ☐ Yes ☐ No	B. Does patient have a chronic condition that is expected to last a year or more and requires ongoing medical attention and/or limits activities of daily living? ☐ Yes ☐ No
C. Please list all medical and cognitive conditions:	C. Please list all chronic medical conditions:
ICD DIAGNOSIS CODE(S):	ICD DIAGNOSIS CODE(S):

SIGNATURE OF ORDERING PHYSICIAN: _____ DATE _____

Re-Version 4/21/2015