



**START OF CARE CONFIRMATION FORM**

Agency Name:	
Patient Name	Patient Date of Birth

**Was the start of care (SOC) or resumption of care (ROC) completed?**

YES, SOC/ROC was completed on: \_\_\_\_\_

If the SOC/ROC was completed later than the date given on the intake sheet, what was the reason for the delay in care?

NO, select one of the following "Not Taken Under" (NTU) reasons:

- |  |   |
|--|---|
| <input type="checkbox"/> Unable to Contact<br><input type="checkbox"/> No MD to Follow<br><input type="checkbox"/> Patient Not Discharged<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Patient Declined Services<br><input type="checkbox"/> Patient Readmitted to an Acute Care Facility<br><input type="checkbox"/> Patient Admitted to Hospice |
|--|---|

**Name and Title of Person Filling out this Form**

Name	Title
Email	Phone

**Notification of NTU will result in PHCN voiding SOC authorization for member.**

**If SOC/ROC was completed, please ensure you upload the Admission OASIS to Case Management via our website [www.prohcn.com](http://www.prohcn.com)**

**Submit completed form via our referral upload at [www.prohcn.com](http://www.prohcn.com) or Fax to 877-830-6330.**

**Call our main line with any questions.**

**Professional Health Care Network**

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