Alternatives for Adults with Physical Disabilities
Attendant Care Provider Claim Form

☐ Medicare	☐ Medicaid	☐ CHAMPUS	☐ CAMPVA	☐	Group Health Plan	☐	FECA	☐	Other	**MEDICAID NUMBER**
							BLK LUNG			
☐ Medicare #	☒ Medicaid #	☐ Sponsor's SSN	☐ VA File #		SSN or ID		☐ SSN		☐ ID	

PATIENT'S NAME (Last name, First name, Middle Initial)	**PATIENT'S BIRTHDATE**	**GENDER** FEMALE	**FOR BILLING OFFICE USE ONLY** Procedure Code: **S5125** Type of Service Code: **Diagnosis Code:** **Z73.6**
	Patient Relationship to Insured ☒ Self ☐ Spouse ☐ Child ☐ Other		
	Patient Status ☐ Single ☐ Married ☐ Other		
ZIP CODE	**TELEPHONE #**	**Full Time** ☐	**Part Time** ☐

CLIENT OR AUTHORIZED PERSON'S SIGNATURE (Must be Signed)

I authorize the release of any medical or other information necessary to request payment of government benefits either to myself or to the party who accepts the assignment. I authorize payment of medical benefits to the undersigned. I certify that my attendant caregiver furnished the attendant care services* in accordance with my plan of care and specific directions, and that the services were satisfactory.

SIGNED		**DATE**	

ATTENDANT CARE BILLING

DATES OF SERVICE		TIME IN	TIME OUT	HOURS WORKED	UNITS WORKED (HOURS X 4)	BILLING AMOUNT (UNITS X $2.43)
DATE	DAY OF WEEK					
			TOTALS			

SAMPLE

PROVIDER INFORMATION

NAME:	**PIN #:**	**SSN#:**
ADDRESS:		
PHONE #:		

Provider Signature	Date

*Attendant Care Services, Procedure Code S5125, is defined as: assistance to a participant who is medically stable and has a physical disability in accomplishing tasks of daily living that the participant is unable to complete independently. Assistance may vary from actually doing a task for the participant, to assisting the participant to perform the task or to providing safety support while the participant performs the task. Tasks may include the following: Feeding Assistance; Encourage Fluids; Grooming/Oral Care; Bathing; Shampoo; Mobility/Transfer Assistance; Shave; Supervise/Assist with Ambulation; Skin Care; Range of Motion Exercise; Toileting; Meal Preparation; Housekeeping; Laundry; Shopping/Errands/Transportation. Refer to Medicaid Policy Section II for additional information regarding Attendant Care Services and the associated tasks.

Mail Claim Form to:
HP, Alternatives Claims
PO Box 709
Little Rock, AR 72203
1 (800) 457-4454