



Inquiry for Service

Thank you for your interest in Stellar Rehabilitation! We strive to respond to requests within 48 hours of receipt. In order to facilitate this process please ensure ALL information is filled in. We appreciate you taking the time to reach out to us and we look forward to being able to serve you!

Please fill out this top section with your information:

- 1) Name & Date: _____ 2) Phone: _____
- 3) Company/Facility: _____ 4) Best time/way to reach you: _____

Please fill in this section with the patient's information:

- 1) Name & Date of Birth: _____
- 2) Address & Phone: _____
- 3) Insurance Information:
 Primary: _____ Secondary: _____
 (Please attach copies of all insurance cards)
- 4) POA status: Not Activated Activated (Please attach activation AND healthcare documents)
- 5) DNR: NO YES (Please include Wisconsin DNR form) (Home Health ONLY)
- 6) Primary Physician's Name & Phone: _____
- 7) Date of most recent and/or upcoming PCP appointment: _____
- (**Please note that a face-to-face encounter is required by insurance to initiate a home health episode**)
- 8) Any recent hospitalizations?
 Date(s): _____ Location: _____ Reason: _____
- 9) Brief explanation of need for outpatient or home health services: (falls, new diagnosis, new meds, etc.)

- 10) Does the patient have active Physician's orders for Physical, Occupational, or Speech Therapies and/or nursing needs?
 NO YES (Please attach)

Stellar Rehabilitation proudly partners with several Home Health and Hospice Agencies to provide a full array of therapy and nursing services to our patients and their families in Dane, Jefferson, Green and Rock Counties. The information provided above will help us to determine which services will be the best fit for the patient to maximize his/her benefit and overall outcome for return to function.

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