



**REQUEST FOR
PAYMENT FOR HOME
HEALTH CARE**
CLAIMS DIVISION
SFN 54303 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

This form must be filled out completely with as much detail as possible. Please print or type using black or blue ink. If this form is not filled out completely, it will be returned to you, and your payment will be delayed.

Injured Worker's Name

Claim Number

PAYMENT INFORMATION

Please enter the rate, number of hours, and total for each service that has been provided.

DATE	552 SKILLED NURSING Medical & Personal Care including Registered Nurses (RN) and Licensed Practical Nurses (LPN)			572 CREDENTIALLED CARE Medical & Personal Care including Certified Nurses Aides (CNA)			582 NON- CREDENTIALLED CARE Medical & Personal Care including family members, friends or other hired personnel that have no certification			589 HOMEMAKING SERVICES Must be in conjunction with medical/personal care. Including non- personal care hired to do cooking, cleaning or running errands			OTHER		
	RATE	HRS	TOTAL	RATE	HRS	TOTAL	RATE	HRS	TOTAL	RATE	HRS	TOTAL	RATE	HRS	TOTAL

TOTAL PAYMENT REQUEST

INFORMATION OF PERSON PROVIDING SERVICE

Name				FEIN or Social Security Number*				Certification/License Number					
Address				City		State		Zip		Phone Number			

Fraud Warning for Filing False Claims

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with the Fund, including injured workers, employers, medical providers, and attorneys.

To report an instance of fraud, contact the ND Fraud and Safety Hotline at 1-800-777-5033.

Signature

Date

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* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

HOME HEALTH CARE GUIDELINES

Services for home health care must be approved by WSI prior to care being provided.

Under the Home Health Care Fee Schedule, there are certain services that can only be provided by a Home Health Agency.

These services include:

- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Clinic Social Worker's services
- Home IV services

Payment for home health services provided by private individuals treating the injured worker will be paid to the approved individual providing the service. These services would need prior approval and include:

- Homemaking services (including cooking, cleaning and errands).
These services must be approved in conjunction with medical/personal care.
- Medical care provided by non-credentialed individuals
- Medical care provided by credentialed (CNA) individuals
- Skilled nursing care by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)

WSI can approve care based on a per visit rate or an hourly rate, depending on the level of care required. If the care requires services being provided from 1-3 hours, payment would be on a per visit rate. If the care required will exceed the 3-hour limit, then care on an hourly base may be approved within the WSI Fee Schedule amount.

The Home Health Care Fee Schedule can be found at www.WorkforceSafety.com/library under the Medical Providers section. This shows the level of care and allowable rates.