



ADDENDUM TO HOME CARE

AI487

ADDENDUM TO:

PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's HI Claim No.	2. SOC	3. Certification Period From: To:	4. Medical Record No.	5. Provider No.
6. Patient's Name			7. Provider Name	
8. Item No.				
9. Signature of Physician			10. Date	
11. Optional Name/Signature of Nurse/Therapist			12. Date	