

QUESTIONS? CALL HBHM INC. @ 401-884-8273

Date: \_\_\_\_\_

### HOME PHOTOTHERAPY PRESCRIPTION

Name of Mother: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Baby\*: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Plan: BCBS          NHPRI          Insurance Id #: \_\_\_\_\_

Infant Weight: \_\_\_\_\_ GA: \_\_\_\_\_

Total/Direct Bili Level: \_\_\_\_\_ Language Barrier?    YES    NO

Date and Time of the Draw: \_\_\_\_\_

### HOME PHOTOTHERAPY

- HBHM Inc. will provide either the Medela Bilibed® or the Little Sparrows Bili Hut™, depending on equipment availability. HBHM Inc. RNs will provide parents with instruction in the use and care of the equipment.

\*A daily nursing assessment with a weight, vital signs and a STAT Neonatal Bilirubin T/D via heel stick will be performed each morning the baby is under our care and is part of this service. Length of home care services will be evaluated daily by MD based on results.

### REASON:

- Neonatal Jaundice (P59.9)

DATE NEEDED: \_\_\_\_\_

### Contact Information and Preferred Method of Primary Physician to Receive Results:

- Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### PROVIDER AUTHORIZATION:

SIGNATURE: \_\_\_\_\_ MD / DO / NP / CNM / PA

Printed name: \_\_\_\_\_

Practice: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

NPI #: \_\_\_\_\_

**Or Include  
PROVIDER  
STAMP or  
LABEL for  
Contact Info.**



**PLEASE FAX TO HBHM INC. @ 401-884-5541 BY 3:30 PM  
TO RECEIVE SAME DAY SERVICE. DO NOT FAX WITHOUT FIRST  
CALLING TO CONFIRM BED AVAILABILITY.**