



Long-Term Care Program

PO Box 64902

St. Paul, MN 55164-0902

Telephone No.: 1-800-982-1775

Facsimile No.: 888-441-5824

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## F A X C O V E R S H E E T

**Date:** October 11, 2011

**To:** Ann

**Fax:** 949-859-4773

**From:** Michelle Ryan, Claims Support

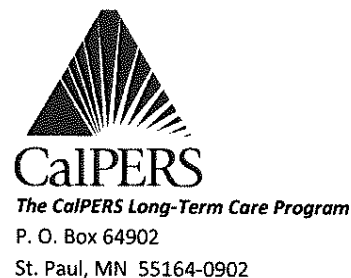
**Phone:** 1-800-982-1775

**Fax:** (888) 441-5824

**Re:**

**# of Pages (including coversheet):** 1

**Comments:**



PLEASE ANSWER ALL QUESTIONS FULLY; THIS WILL HELP AVOID UNNECESSARY CORRESPONDENCE.

**HOME HEALTH AGENCY STATEMENT**

The following statement is to comply with the request of various states: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Policy Number: \_\_\_\_\_  
Claimant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Is the agency licensed/certified by the state to provide non-skilled home care service? Yes  No
- Does the agency have Professional Liability that covers the onsite caregiver? Yes  No
- Does the agency have Bonding that covers the onsite caregiver? Yes  No
- Does the agency use certified aides to provide personal care to this member? Yes  No
- Does the agency use non-certified aides to provide personal care to this member? Yes  No
- Does the agency provide supervision of onsite caregivers? Yes  No
- Does the agency provide on-going training to all onsite caregivers? Yes  No
- Is the onsite caregiver sub-contracted? Yes  No
- Is the onsite caregiver an employee of the agency? Yes  No
- Do you issue a W-2 to the onsite caregiver? Yes  No
- Do you issue a 1099 to the onsite caregiver? Yes  No
- Is there a referral fee incurred by the CalPERS member for agency services? Yes  No 
  - If yes, what is the referral fee rate and frequency? \_\_\_\_\_

**\*\*Referral fees must be itemized out of the hourly rate on invoices submitted for reimbursement.**

**PLEASE ATTACH A COPY OF THE AGENCY LICENSE, PROFESSIONAL LIABILITY INSURANCE and /or BONDING to be placed in the Member's file. Please also include a copy of the agency contract with the CalPERS member.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Tax I.D. Number: \_\_\_\_\_  
Completed By (Please Print): \_\_\_\_\_