



Long-Term Care Program

PO Box 64902

St. Paul, MN 55164-0902

Telephone No.: 1-800-982-1775

Facsimile No.: 888-441-5824

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

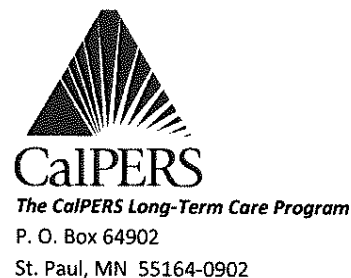
Phone: 1-800-982-1775

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): _____