



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.
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6. Patient's Name	7. Provider Name
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8. Item No.	
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9. Signature of Physician	10. Date
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11. Optional Name/Signature of Nurse/Therapist	12. Date
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