



CHOICES Physician Discontinuation of Services Order Form

Patient's name:

Member ID#

Please complete this form for discontinuation of:

- Skilled Nursing Visits
- Home Health Aide services which include the following if checked:
 - Vital Sign Monitoring
 - Weight Checks
 - Other Clinical Monitoring:

CHOICES provides services to assist with both **Activities of Daily Living (ADL)** and **Instrumental Activities of Daily Living (IADL)** needs. CHOICES providers can assist with activities such as picking up patients' medications. Clinical monitoring is not included in CHOICES services. BlueCare Tennessee will acknowledge this form as an order. By signing this order, you agree the above-checked services can be discontinued upon the start of CHOICES services and that your patient:

- Can receive all CHOICES services
- Can receive the following proposed service:

Provider Signature _____ Date _____

Provider Name (Printed) _____

Please fax the completed form to (865)-588-4663. If you have questions, please call (865) 588-4653.

CONFIDENTIAL: this information is for the use of the person named above.