

Home Delivery Meals Request Form

Please complete and fax form to: 305-675-0238

Patient Information	
Patient Insurance Company: <input type="checkbox"/> Lighthouse Health	
Name:	DOB:
Patient ID #:	Gender:
Patient Phone #:	County:
Member Address:	

Requesting Provider	
Requestor Name:	Requestor Name:
Facility Name:	
Facility Address:	
Fax NPI:	Fax Number:
Case Manager:	Phone or Email:

Service Type Requested		
Discharge Date:		
Diagnosis:		ICD-10:
Description: Post Discharge Meals	CPT: S5170	Quantity: 10 Pack
Menus		
<input type="checkbox"/> Regular	<input type="checkbox"/> Renal	<input type="checkbox"/> Pork Free
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Fish Free
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Puree	<input type="checkbox"/> Pediatrics

Servicing Provider	
Provider Name: Independent Living Systems	Phone Number: 305-262-1292
NPI: 1083764724 / TIN: 450481642	Fax Number: 305-675-0238
Address: 5200 Blue Lagoon Drive, Suite 500, Miami, FL 33126-7006	

For ILS Staff: Authorization Number: _____



UM Department Phone #: 844-824-8846
UM Fax #: 888-522-6490