



Homebound Test Request Form



The RI Department of Health (RIDOH) and RI Executive Office of Health and Human Services (OHHS) have partnered with Alert Ambulance to provide Coronavirus Disease 2019 (COVID-19) tests for homebound, non-ambulatory patients.

Process for requesting Homebound test:

- Medical Provider to complete “Homebound Test Request”
 - This form serves as the Medical Provider’s order and must be completed in full
- Medical Provider must attest to client being homebound and non-ambulatory
 - If the client is ambulatory but has no transportation, they should be referred to MTM at 1-855-330-9131 (TTY: 711). Lack of transportation does not qualify a person for Homebound Test.
 - If patient has active home health services, Medical Provider should determine if the home health agency is willing/able to administer a COVID-19 test before requesting through this process
- Someone must be in the home to answer the door (family member or home care agency)
- Medical Provider to contact Alert Ambulance at (401) 654-4679
- Medical Provider to send test request form via secure email to AlertMIHC@alertems.com
 - Subject line to read *Homebound Test Request – Patient’s First Name and Last Name Initial*
- Alert Ambulance will provide Medical Provider with date of appointment
- Medical Provider will notify client of appointment date

Patient Name:	Date:	ICD-10:
Street Address:	Apt/Unit #:	
City/Town, State, ZIP:		
Phone Number:	Email:	
Date of Birth:		
Gender: Female <input type="checkbox"/> male <input type="checkbox"/> gender non-conforming/non-binary <input type="checkbox"/>		
Is patient symptomatic? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Insurance Company:	Policy ID#:	
Address:		
Secondary Insurance Company	Policy ID#:	
Address:		
Ordering Provider Name:	Provider NPI #:	
Street Address:		
City/Town, State, ZIP:		
Phone Number:	Fax Number:	
Home Health Agency:		
Phone Number:	Email:	
Point of Contact for Patient:	Phone number:	
Relationship:		
Date of Appointment:		

I attest that this individual is homebound, non-ambulatory and otherwise unable to get a COVID-19 test (signature required):

Medical Provider Signature _____ Date _____