



START OF CARE CONFIRMATION FORM

Agency Name:

Patient Name

Patient Date of Birth

Was the start of care (SOC) or resumption of care (ROC) completed?

YES, SOC/ROC was completed on: _____

If the SOC/ROC was completed later than the date given on the intake sheet, what was the reason for the delay in care?

NO, select one of the following "Not Taken Under" (NTU) reasons:

Unable to Contact

Patient Declined Services

No MD to Follow

Patient Readmitted to an Acute Care Facility

Patient Not Discharged

Patient Admitted to Hospice

Other: _____

Name and Title of Person Filling out this Form

Name

Title

Email

Phone

Notification of NTU will result in tango voiding SOC authorization for member.

If SOC/ROC was completed, please ensure you upload the Admission OASIS to Case Management via our website www.tangocare.com

Submit completed form via our referral upload at www.tangocare.com or Fax to 877-612-7066.

Call our main line with any questions.

tango

7600 N. 16th Street, Suite 140

Phoenix, Arizona 85020

Phone: 888-705-5274

Fax: 877-612-7066