

## 2026 At-Home Visit Form

We've included a form for you to fill out, sign and date after your At-Home Visit.

| INSTRUCTIONS   |                       |
|--|-----------------------|
| <ul style="list-style-type: none"> <li>■ <b>Email:</b> CareFirstRewards@carefirst.com</li> <li>■ <b>Mail:</b> CareFirst BlueCross BlueShield Medicare Advantage<br/>Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117</li> <li>■ <b>Fax:</b> completed form to 410-779-3957</li> </ul> |                       |
| COMPLETE THE INFORMATION BELOW   |                       |
| Name   |                       |
| Member ID (found on Health ID card)  | Member Date of Birth  |
| Member Signature   |                       |
| Name of Healthcare Professional  | Date of At-Home Visit |
| Practice Name  |                       |
| Provider Address   |                       |
| Phone Number   | Fax Number            |

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