



Thorncroft Therapeutic Horseback Riding, Inc.
190 Line Road, Malvern, PA 19366
610.644.1963 www.thorncroft.org

Home and Community Services Information System

Please return the following information to Thorncroft with the applicant's current ISP (Individual Support Plan). Thorncroft's billing will go through Promise in the "HCSIS" Program.

The applicant must be registered through "HSCIS".

During the registration process, Thorncroft **must** be assigned with the individual receiving services.

Today's Date _____

Name of Individual to receive services _____

Address _____

Date of Birth _____ Recipient ID Number (10 digits) _____

Service Start Date _____

Service Name *Home and Community Habilitation* _____

Procedure Code _____ Units Authorized _____

Start date and end date of units authorized _____ County of Individual _____

Thorncroft must have the following on file

Release or medical data form for us to bill through HCSIS

A Thorncroft release and current medicals and or "ISP"

A Signed CMS-1500 Claim Form must accompany this application

If the participant choose to ride, a current Thorncroft Release and Medicals must accompany this form

Contact Information

Name of person submitting application _____

Title and relationship of person submitting application _____

Phone number of person submitting application _____

Service Coordinator Name and phone number _____

