FAX COVER PAGE

Date: 02/17/2026

To:
Carole Miller , MD

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

Medical Update for Sannie Lyle DOB: 02/03/1961

Date Order Created: 01/14/2026

Order ID: 1150/15337

Agency Assigned Id: 21122

Certification Period: 01/08/2026 to 03/08/2026

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:
Authorization changes of PT skill Total Visits: 5 and Visit Freq: 5
Authorization changes of OT skill Total Visits: 6 and Visit Freq: 6
Authorization changes of SN skill Total Visits: 11 and Visit Freq: 11

Carole Miller
900 Caton Ave

900 Caton Ave, MD 21229
Tele:6672342910 FAX: 16672343517

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 02/17/2026