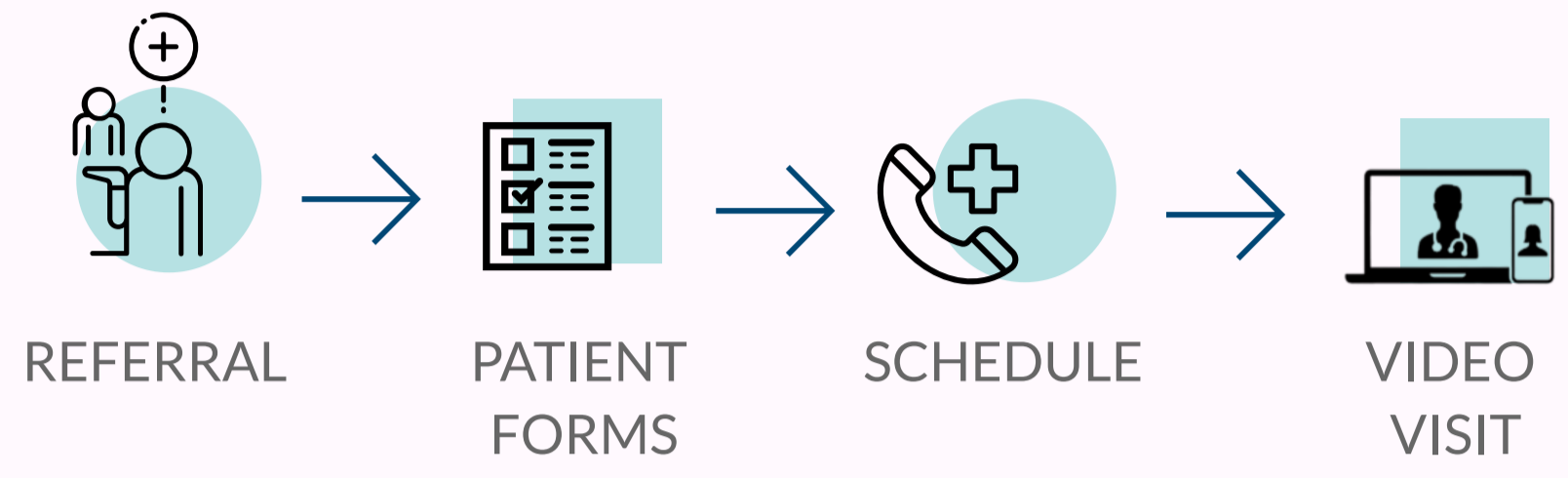



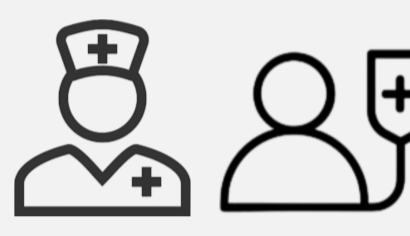
DISCHARGE CLINIC

VS



HOME HEALTH CONNECT
REFERRAL (2024)
Visit Type

Telehealth
 Face-to-face video visit from patient's home, no travel required




Process

Referral Source

Staff 	Staff or Patient 
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Services

"Interim Primary Care" <small>(Medication refills, referrals, IV antibiotic, wound recommendations, Home Health certification and supervision, etc)</small> 	Certification & Supervision of Home Health Orders <small>(insurance requirement)</small> 
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Start of Service

Within 24-48 hrs. from Receiving Patient Consents 	Within 1-2 weeks of Receiving Patient Consents 
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Insurance

All Major Insurances 	Medicare Plans 
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Eligibility

Discharge from Inpatient within the Past 2 weeks 	"Homebound" + Skilled Needs 
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Duration

Up to 60 days 	Unlimited, if Continues to Qualify for Home Health Services 
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Preferred Documents

Discharge Summary, Most Recent Medication List 	Medication and Diagnosis List 
---	--

Advantage

Next day scheduling, Access to Unique and Time-Sensitive Services, Easier Entry to Competitive Programs --- Fastest Home Health Start Home IV antibiotic Management Mental Health Management Wound Care Recommendations	Access to Medicare Certified Providers from Home, Experts on Home Health Benefits, Less Work for PCPs and Caregivers. Prompt Order Completion, Maintain care for ongoing order management
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 The patient has virtual capabilities at home.

Patient Name _____

Patient DOB _____ Patient Biological Sex: _____

 Referral: Discharge Clinic Home Health Connect

 I am: Staff Patient

Patients will receive a text or email to our online consent form.

Patient 1st Phone _____

Patient 2nd Phone _____

Patient Email _____

 Patient Home Address

Insurance Names _____

Policy Numbers _____

 Discharged from Inpatient (Hospital or Rehab)

 Homebound with Skilled Needs

Discharge Date _____

Discharge Location _____

I will send the following via fax or email:

 D/C Summary

 Diagnosis List

 Facesheet

 Medication List

Referrer's Name _____

Referrer's Email _____

Referrer's Phone _____