

Discharge Form

Home Health Care Services

Fax Form To: Attn Home Health Care

Grand Rapids/Traverse City/Holland 616 975-8885

Farmington Hills 800 289-6744 or 888 647-6152



Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____

Diagnosis/Condition: _____

Agency providing services: _____

Service Start Date _____

Service End Date _____

Total visits used:

RN _____

OT _____

PT _____

MSW _____

Other _____

MEDICARE: A Notice of Medicare Non-Coverage (NOMNC) for **PriorityMedicare** members must also be completed **no later than 2 days** before the termination of services. The NOMNC must include: Patient's Name, Patient's Priority Health ID number, Service Type, Date Services Will End, Patient's Signature and Date. The NOMNC should be faxed to: 616 942-0024 – Attn: NOMNC Coordinator.

Date NOMNC Signed _____

Date NOMNC Faxed _____

Note – A Medicare Advantage (MA) provider must deliver an advance, completed copy of the NOMNC to enrollees receiving skilled nursing, home health care or comprehensive outpatient rehabilitation facility services no later than 2 days before the termination of services. This notice fulfills the requirement at 42 CFR § 422.624(b)(2).

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