

Home Nursing & Therapy Services
2018 Avenue B, Suite 200
San Antonio, TX 78215
Phone: (210) 822-8807 Ext. 1009
Fax: (210) 822-8863
Email: accounting@hnts.org
Attn: Pernetter Christian



Tuesday, December 20, 2022

Coordination of Care Letter

This letter is to inform that the following patient has been admitted to Home Nursing and Therapy Services for Home Health Care services for the mentioned episode dates. The initial 485 will be signed by the referring physician mentioned below. The patient has identified the below mentioned PCP for subsequent orders and follow up regarding their medical care.

Patient

Date of Birth

Referring Physician

Primary Care Physician

Hospitalization Dates

Episode Dates

Hospitalization Reason

After the initial evaluation, we have determined that the following services will be provided during the certification period.

Skilled
Nursing

Physical
Therapy

Occupational
Therapy

Speech
Therapy

Medical
Social Work

HNTS may contact/receive from your office orders as needed for patient care. If you have any request(s) for additional information or orders, please notify us at:

Phone: (210) 822-8807

Fax: (210) 822-8863

Thank you,

Rachel Woolard

Case Manager

Home Nursing and Therapy Services