



VNA Health at Home - Home Care - Lexington  
2464 Fortune Drive, Suite 110  
Lexington, KY 40509  
Phone: 859-277-5111  
Fax: 859-278-0597

## Fax Lead Sheet

DATE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

COMPANY: McGrath Wound Care

FAX NO: 859-399-6697

PHONE NO: \_\_\_\_\_

RE: \_\_\_\_\_

MESSAGE:

*Wilbur Williams Jr DOB- 1/4/1947  
Referral for Podiatry & wound to Dfoot*

NUMBER OF PAGES: 5 (Including Lead Sheet)

FROM: Sharita

PHONE NO: \_\_\_\_\_

**THANK YOU!**

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RETURN FAX NUMBER: \_\_\_\_\_

Order Number: 6058737

Printed: 6/26/2025 2:40 PM  
Eastern Time Zone

## VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGT

2464 FORTUNE DRIVE SUITE 110  
 LEXINGTON, KY 40509-4254  
 Phone: (859) 277-5111  
 Fax: (859) 317-2507

## PHYSICIAN:

MELISSA TODD, NP  
 1221 S BROADWAY  
 LEXINGTON, KY 40504-

Phone: (859)258-4530  
 Fax: (859)258-4870

## 2nd Physician:

Send to Physician: Y  
 Verbal Order: Y  
 Verbal Date: 6/25/2025

## CLIENT:

WILLIAMS JR, WILBUR  
 342 CAMPSIE PLACE  
 LEXINGTON, KY 40508-

SSN: XXX-XX-  
 DOB: 1/4/1947 MR#: 04200073485601

CERT: 5/6/2025 to 7/4/2025

Order Read Back to Physician/Agent of Physician?: Y  
 ABN Delivered to Patient?: NA

Time: 3:57 PM

Hospital MR No	Inpatient Facility SAINT JOSEPH HOSPITAL LEXINGTON	Admit Date 12/23/2024	Discharge Date 1/3/2025	Reason For Admission
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Order Date:	6/25/2025 3:57 PM	Order Type:	PHYSICIAN ORDER
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## Order Description:

VO FROM MELISSA TODD NP PER AMY  
 REFER PATIENT TO MCGRATH MEDICAL WOUND CARE FOR PODIATRY AND WOUND CARE TO LEFT FOOT.

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

MANDI MCBRIDE, RN

DATE: 06/25/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

SHARITA MEADOWS, RN

DATE: 06/26/2025

PHYSICIAN SIGNATURE:

DATE:

**Patient Information Report**

Patient:	WILLIAMS JR, WILBUR	Insured ID:	H69419413	Primary Payor:	HUMANA MCR ADV PDGM
MR No:	04200073485601				
Legacy MR No:					

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location
Patient Nickname		Patient ID	734856	SSN

Referral Date	01/06/2025	Referral Type	RECERTIFICATION	Referral Taken By	BROWN, TYANA
Referral Source		Referring Facility		Referring Facility Contact	
FACILITY		SAINT JOSEPH HOSPITAL LEXINGTON		DISCHARGE PLANNER	

Care Type and Effective Dates: P=Primary CPT Codes					
HOME HEALTH 05/06/2025 - (P)					
RSP2 05/06/2025 -					

Demographics					
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Patient Info					
Gender	MALE	DOB	01/04/1947	Race	
Preferred Language					
Primary Phone	8592250376	Alt Phone		Email	
Primary Address					
Street		City		State	
342 CAMPSIE PLACE		LEXINGTON		KY	40508-
Phone	MSA #	CBSA		Floor	
(859)225-0376		30460			
Travel Directions					

Current Service Location: CLIENT'S HOME/RESIDENCE					
Street		City		State	
342 CAMPSIE PLACE		LEXINGTON		KY	40508-
Phone	MSA #	CBSA		Floor	
(859) 225-0376		30460			
Travel Directions					

Patient Contacts					
Contact Name	Relationship	Contact Type	Contact Relationship Type		
CAROLYN WILLIAMS	SPOUSE	EMERGENCY CONTACT	PRIMARY CAREGIVER		
Home Phone	Primary Phone	Alternate Phone	Address		
	(859) 361-0452	(859) 225-0376			

Payor Source Info					
Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?		
PRIMARY	MANAGED MEDICARE PPS / PDGM	HUMANA MCR ADV PDGM	N		
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source		
6WC4AK0VG95			1 - PHYSICIAN REFERRAL		
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name		
			TODD, MELISSA		

Private Payor Type Info					
Claim No.	Policy No.	Insured ID			
	H69419413				
Insured Name	Insured Relation	Insured Address			
			Insured City	Insured State	Insured Zip

**Patient Information Report**

<b>Patient:</b> WILLIAMS JR, WILBUR	<b>Insured ID:</b> H69419413	<b>Primary Payor:</b>	HUMANA MCR ADV PDGM
<b>MR No:</b> 04200073485601			
<b>Legacy MR No:</b>			

		<b>Insured Phone</b>		
<b>Employer Name</b>	<b>Employer ID</b>	<b>Employer Address</b>		
		<b>Employer City</b>		<b>Employer State</b>
		<b>Employer Phone</b>		<b>Employer Zip</b>

<b>Program Name</b>	<b>Obtained Date</b>	<b>Obtained By/ Authorized By</b>	<b>Authorization No./ Active</b>	<b>Start Date/ End Date</b>
PPS PROGRAM	4/23/2025 10:42:18 AM	HCHB RECERTIFICATION	Y	05/06/2025 07/04/2025

<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
VISITS	DISCIPLINES							Y

PPS PROGRAM	5/10/2025 10:06:26 AM	JENNIFER WE\$LEY, TYANA	208658640 Y	05/06/2025 07/04/2025
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<b>Unit Type</b>	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>	<b>Active</b>
VISITS	DISCIPLINES	HHA	60					Y
VISITS	DISCIPLINES	MSW	60					Y
VISITS	DISCIPLINES	OT	60					Y
VISITS	DISCIPLINES	PT	60					Y
VISITS	DISCIPLINES	SN	60					Y
VISITS	DISCIPLINES	ST	60					Y

<b>Physician Info</b>		
<b>Primary Physician</b> TODD, MELISSA	<b>NPI #</b> 1821471079	<b>Date Last Seen</b>
<b>Address</b> 1221 S BROADWAY	<b>City</b> LEXINGTON	<b>State</b> KY
<b>Phone</b> (859)258-4530	<b>Fax</b> (859)258-4870	<b>Zip</b> 40504-
<b>Pager</b>		
<b>Secondary Physician</b>	<b>Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?</b>	
<b>Requested Date of Evaluation</b> 05/06/2025	<b>Admitting Discipline</b> SN	<b>Completed SOC Visit?</b> N
<b>Requested Date of Add-On Evaluation</b>	<b>Add-On Discipline</b>	

<b>Clinical Info</b>		
<b>Case Manager</b> ANGELA GREGORY, RN	<b>Team Member(s)</b> JEREMY PARSONS, OT LEESA HENSON, LPN MEGAN KIFER, PTA VALERIE GIBBS, PT	
<b>Weight</b>	<b>Height</b>	<b>Pregnant</b>
<b>Paperwork Received By Patient</b>		

**Patient Information Report**

Patient:	WILLIAMS JR, WILBUR	Insured ID:	H69419413	Primary Payor:	HUMANA MCR ADV PDGM
MR No:	04200073485601				
Legacy MR No:					

N Y

**Medical Release Code**

YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM

Acuity Status	Disaster Status	Evacuation Location
3 - WITHIN WEEK	CHAIR BOUND	LOCAL SHELTER

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
NONE					N

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
SAINT JOSEPH HOSPITAL LEXINGTON	12/23/2024	01/03/2025			

Home Health Care Survey					
Is care related to surgical discharge?	Does patient have end-stage renal disease?	Number of ADLs for which patient is not independent?			

Has patient requested "No Publicity" status?	Is maternity care the primary reason for home health care?	Primary Spoken Language
N	N	

ICD-10 Diagnoses/Procedures							
Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.890	PRESSURE ULCER OF OTHER SITE, UNSTAGEABLE	E	05/01/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	L89.620	PRESSURE ULCER OF LEFT HEEL, UNSTAGEABLE	E	05/01/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	E	01/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	Z89.611	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	E	01/06/2025	D		M1023
5	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	01/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	M19.90	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	E	01/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	F17.210	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	E	01/06/2025	D	1 - Symptoms well controlled with current therapy.	M1023
8	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	E	05/01/2025	D		M1023
9	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	E	05/01/2025	D		M1023
10	Z79.02	LONG TERM (CURRENT) USE OF ANTITHROMBOTICS/ANTIPLATELETS	E	05/01/2025	D		M1023
11	Z55.6	Problems related to health literacy	E	01/06/2025	D		M1023
12	Z86.16	PERSONAL HISTORY OF COVID-19	E	03/05/2025	D		M1023
13	Z91.81	HISTORY OF FALLING	E	05/01/2025	D		M1023

Allergies		Date Entered
ADHESIVE BANDAGE		1/6/2025 9:36:21 PM
STATIN-HMG-COA REDUCTASE INHIB		1/6/2025 9:36:13 PM

\* denotes Non-Visit QI Reporting Collection