

**CHI Health  
at Home™***Imagine better health.®*

VNA Health at Home – Home Care - Lexingt  
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 2nd floor*

**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

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VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGT  
2464 FORTUNE DRIVE SUITE 110  
LEXINGTON, KY 40509-4254  
Phone: (859) 277-5111  
Fax: (859) 317-2507

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## 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 Time: 3:57 PM

## 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

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Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	SAINT JOSEPH HOSPITAL LEXINGTON	12/23/2024	1/3/2025	

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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

<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>Assigned Branch</b>	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	<b>Assigned Team</b>	TEAM B	<b>Location</b>	
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<b>Patient Nickname</b>		<b>Patient ID</b>	734856	<b>SSN</b>	
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## Referral Info

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

## Care Type and Effective Date: (P-Primary)

HOME HEALTH 05/06/2025 - (P)  
RSP2 05/06/2025 -

## Demographics

## Patient Info

<b>Gender</b>	MALE	<b>DOB</b>	01/04/1947	<b>Race</b>	
<b>Preferred Language</b>					
<b>Primary Phone</b>	8592250376	<b>Alt Phone</b>		<b>Email</b>	

## Primary Address

<b>Street</b>		<b>City</b>	LEXINGTON	<b>State</b>	KY	<b>Zip</b>	40508-	<b>County</b>	FAYETTE
<b>342 CAMPSIE PLACE</b>				<b>Floor</b>				<b>Room</b>	
<b>Phone</b>	<b>MSA #</b>	<b>CBSA</b>							
(859)225-0376		30460							
<b>Travel Directions</b>									

## Current Service Location: CLIENT'S HOME/RESIDENCE

<b>Street</b>		<b>City</b>	LEXINGTON	<b>State</b>	KY	<b>Zip</b>	40508-	<b>County</b>	FAYETTE
<b>342 CAMPSIE PLACE</b>				<b>Floor</b>				<b>Room</b>	
<b>Phone</b>	<b>MSA #</b>	<b>CBSA</b>							
(859) 225-0376		30460							
<b>Travel Directions</b>									

## Patient Contacts

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

## Payor Source Info

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

## Private Payor Type Info

<b>Claim No.</b>	<b>Policy No.</b>	<b>Insured ID</b>	
	H69419413		
<b>Insured Name</b>	<b>Insured Relation</b>	<b>Insured Address</b>	
		<b>Insured City</b>	<b>Insured State</b>
			<b>Insured Zip</b>

## Patient Information Report

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

Insured Phone  
 Employer Name Employer ID Employer Address  
 Employer City Employer State Employer Zip  
 Employer Phone

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

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES							Y
PPS PROGRAM	5/10/2025 10:06:26 AM	JENNIFER WESLEY, TYANA				208658640		05/06/2025 07/04/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
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

## Physician Info

Primary Physician NPI # Date Last Seen  
 TODD, MELISSA 1821471079  
 Address City State Zip  
 1221 S BROADWAY LEXINGTON KY 40504-  
 Phone Fax Pager  
 (859)258-4530 (859)258-4870

Secondary Physician Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?  
 Requested Date of Evaluation Admitting Discipline  
 05/06/2025 SN N  
 Requested Date of Add-On Evaluation Add-On Discipline

## Clinical Info

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

## 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 Events (Unaffiliated with your Agency)

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 Diagnosis/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

Description	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