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Fax

Attention: _____ **From:** Shawn Whitlock _____

Fax: (859) 399-6697 **Date:** 9/10/2025 3:14 PM EST _____

Phone: _____ **Pages:** 5 **(including cover)** _____

Re: ATTN: TODD MCGRATH _____

Comments: _____

The caregiver is the one you need to contact. Her name is Kelly and her number is 859-433-6494.

Confidentiality Notice:

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Patient Information Report

Patient: BRANCH, LESLIE B
 MR No: LEX00069420801
 Legacy MR No:

Insured ID: 7HM8FM1PH24 Primary Payor: PALMETTO MEDICARE PDGM

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

<u>Program Name</u>	<u>Obtained Date</u>	<u>Obtained By/ Authorized By</u>		<u>Authorization No./ Active</u>		<u>Start Date/ End Date</u>		
PPS PROGRAM	8/27/2025 11:43:14 AM	HCHB RECERTIFICATION		Y		08/30/2025 10/28/2025		
Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	PT	8					Y
VISITS	DISCIPLINES	SN	4					Y

Physician Info

Primary Physician BORDERS, JOHN	NPI # 1962401026	Date Last Seen	
Address 2101 NICHOLASVILLE RD SUITE 106	City LEXINGTON	State KY	Zip 40503
Phone (859)278-5926	Fax (859)276-3189	Pager	

Secondary Physician

Requested Date of Evaluation 08/30/2025	Admitting Discipline SN	Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit? N	
Requested Date of Add-On Evaluation	Add-On Discipline		

Clinical Info

Case Manager HEATHER FERRERO, PT	Team Member(s) BOBBY BROWN, PTA BRYON COOPER, PTA CARLEY MARCUM, OT COURTNEY BROCK, PT ELIZABETH BUELIS, RN HEATHER HOLDER, LPN KELLY CURRY, ST KRISTIN BOWEN, OT LESLIE HULETTE, RN LISA WEST, OT MARGIE ALLEN, RN NAKELA CLEVELAND, MSW SCOTT LESLIE, PTA SONDRA THAYN, RN TANSY WHALEY, PT TONYA LEECH, RN VALERIE SMITH, OT
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Weight	Height	Pregnant	Paperwork Received By Patient
		N	N

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
2 - WITHIN 24-48 HRS	AMBULATORY W/ ASSIST	FAMILY

Type	Location	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
LIVING WILL	SAFE				N
DUR. PWR. OF ATTY FOR HEALTHCARE	IN SAFE		BARBARA BENNETT	859-421-5399	N

Inpatient Events (Unaffiliated with your Agency)

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
BAPTIST HEALTH LEXINGTON	06/03/2025	06/14/2025			

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	ENGLISH

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	O	06/23/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1021
2	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	E	06/03/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
3	I95.9	HYPOTENSION, UNSPECIFIED	O	06/03/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	I13.0	HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY	E	06/03/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
5	I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	E	06/03/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
6	N18.4	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	E	06/03/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	E03.9	HYPOTHYROIDISM, UNSPECIFIED	O	01/01/2025	D	1 - Symptoms well controlled with current therapy.	M1023
8	F02.A0	DEM IN OTHER DIS CLASSD ELSWHR, MILD, W/O BEH/PSYCH/MOOD/ANX	E	06/03/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
9	I25.119	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	O	01/01/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
10	H35.039	HYPERTENSIVE RETINOPATHY, UNSPECIFIED EYE	E	05/02/2025	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1023
11	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	O	01/01/2025	D	1 - Symptoms well controlled with current therapy.	M1023
12	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	O	06/03/2025	D		M1023
13	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	O	01/01/2025	D		M1023

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Primary Payor:

PALMETTO MEDICARE PDGM

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
14	Z99.89	DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES	O	01/01/2025	D		M1023
15	Z51.A	Encounter for sepsis aftercare	O	06/23/2025	D		M1023

Allergies

Description	Date Entered
AVELOX	5/4/2025 4:41:06 PM
CEPHALOSPORINS	5/4/2025 4:42:02 PM
HORSE EQUINE	5/4/2025 4:43:55 PM
LATEX	5/4/2025 4:41:15 PM
LEVOQUIN	5/4/2025 4:41:25 PM
PENICILLIN	5/4/2025 4:42:40 PM

* denotes Non-Visit QI Reporting Collection