

INTAKE FORM

Personal Information

Full Name* Marilyn P Webber

Phone Number: 859-251-6060 Email Address: _____

Address: 912 Delaney Ferry Rd Versailles, Ky 40383

Best Time To Contact:

Preferred Days:

Preferred Time:

Please use the below space to share notes such as veteran status, senior, in home or in office visit preferences etc.

Notes: former Senior in home

POA Contact Details

Contact Name: John Webber Phone Number: 859-753-6676

Relationship: Spouse Email Address: _____

READ DISCLAIMER TO PATIENT

Rep Information

Full Name / Rep#

Phone Number:

Email:

859-399-6697

Questions?

Call (859) 492-1579 OR (859) 285-9536

Patient Information Report

Patient: WEBBER, MARILYN P	Insured ID: H08069210	Primary Payor: HUMANA MCR ADV PDGM
MR No: 04200053148301	Insured ID:	Secondary Payor: SELF PAY
Legacy MR No:		

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM A	Location
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Patient Nickname	Patient ID	531483	SSN
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Referral Info	Referral Date	04/08/2025	Referral Type	RECERTIFICATION	Referral Taken By	INTERFACE
	Referral Source		Referring Facility		Referring Facility Contact	

FACILITY	SAINT JOSEPH HOSPITAL LEXINGTON	DISCHARGE PLANNER
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Current Effective Dates / Previous Effective Dates
HOME HEALTH 08/08/2025 - (P)
CARELINK - DIABETES 08/08/2025 -
CARELINK - CARDIO 08/08/2025 -
IV 08/08/2025 -
RSP2 08/08/2025 -

Demographics

Patient Info

Gender	FEMALE	DOB	10/05/1947	Race
Preferred Language				
Primary Phone	8592516060	Alt Phone		Email
Primary Address				
Street	912 DELANEY FERRY RD	City	VERSAILLES	State
Phone	MSA #	CBSA		Zip
(859)251-6060		30460		KY 40383-
Travel Directions				County WOODFORD
				Room

Current Service Location: CLIENT'S HOME/RÉSIDENCE					
Street		City		State	
912 DELANEY FERRY RD		VERSAILLES		KY	
Phone	MSA #	CBSA		Zip	
(859) 251-6060		30460		Floor	
Travel Directions				County	
				WOODFORD	
				Room	

Emergency Contact

Contact Name	Relationship	Contact Type	Contact Relationship Type
JOHN WEBBER	SPOUSE	POWER OF ATTORNEY - PHI APPROVED	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address
(859) 251-6060		(859) 753-8876	

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY	MANAGED MEDICARE PPS / PDGM	HUMANAS MCR ADV PDGM	N
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
1INV8C25EH51			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			HURT, BUDDY

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
SECONDARY	SELF PAY	SELF PAY	

Patient Information Report

Patient: WEBBER, MARILYN P **Insured ID:** H08069210 **Primary Payor:** HUMANA MCR ADV PDGM
MR No: 04200053148301 **Insured ID:** **Secondary Payor:** SELF PAY
Legacy MR No:

Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			HURT, BUDDY
Private Payor Type Info			
Claim No.	Policy No.	Insured ID	
	H08069210		
Insured Name	Insured Relation	Insured Address	
WEBBER, MARILYN	SELF	912 DELANEY FERRY RD	
		Insured City	Insured State
		VERSAILLES	KY
		Insured Phone	Insured Zip
		(859) 251-6060	40383-

Private Payor Type Info			
Claim No.	Policy No.	Insured ID	
Insured Name	Insured Relation	Insured Address	
WEBBER, MARILYN	SELF	912 DELANEY FERRY RD	
		Insured City	Insured State
		VERSAILLES	KY
		Insured Phone	Insured Zip
Employer Name	Employer ID	Employer Address	
		Employer City	Employer State
			Employer Zip
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	7/28/2025 9:31:19 AM	HCHB RECERTIFICATION		Y	08/08/2025 10/06/2025

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	8/18/2025 8:58:46 AM	JENNIFER WESLEY, Elisabet				213464817		08/08/2025 10/06/2025
						Y		
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

Patient Information Report

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MR No: 04200053148301	Insured ID:	Secondary Payor: SELF PAY
Legacy MR No:		

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
VISITS	DISCIPLINES	SN 60		Y
VISITS	DISCIPLINES	ST 60		Y

Primary Physician HURT, BUDDY	NPI # 1366479248	Date Last Seen
Address 117 CROSSFIELD DR SUITE B FAMILY MED WOODFORD	City VERSAILLES	State KY
Phone (859)873-9188	Fax (859)873-0870	Zip 40383-
Secondary Physician PIERCY, ELIZABETH	Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?	
Requested Date of Evaluation 08/08/2025	Admitting Discipline SN	N
Requested Date of Add-On Evaluation	Add-On Discipline	

Case Manager MANDI MCBRIDE, RN	Team Member(s) CHERYL COOK, LPN GRETCHEN OLDS-ROENTZ, OT MEGAN KIFER, PTA WALTER LUTTRELL, PT
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Weight	Height	Pregnant	Paperwork Received By Patient
		N	Y

Medical Release Code YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM			
Acuity Status 3 - WITHIN WEEK	Disaster Status CHAIR BOUND	Evacuation Location SISTER IN LAW	

Type LIVING WILL	Location IN HOME	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
					N

Inpatient Events Relating to Admit Date with your Agency					
Inpatient Facility SAINT JOSEPH HOSPITAL LEXINGTON	Hospital Admit Date 04/03/2025	Hospital Discharge Date 04/08/2025	Surgery Date	Inpatient MR No.	Reason for Admission UTI

Home Health Care Survey					
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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	

Sep. 9, 2025 6:57AM

No. 4337 P. 6/6

Patient Information Report

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MR No:	D4200053148301	Insured ID:		Secondary Payor:	SELF PAY
Legacy MR No:					

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	L89.154	PRESSURE ULCER OF SACRAL REGION, STAGE 4	E	06/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021
2	E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	O	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	G35	MULTIPLE SCLEROSIS	O	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	O	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	I50.9	HEART FAILURE, UNSPECIFIED	O	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023