

**CHI Health
at HomeSM***Imagine better health.®*

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 SheetDATE: 6/18/25ATTENTION: ToddCOMPANY: McGrath Wound CareFAX NO: 859-399-6697

PHONE NO: _____

RE: _____

MESSAGE:

*Referral for Podiatry for Willodean Moore
2/19/1933*

NUMBER OF PAGES: 6 (Including Lead Sheet)FROM: Sharita

PHONE NO: _____

THANK YOU!

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RETURN FAX NUMBER: _____

Order Number: 6040887

Printed: 6/18/2025 2:06 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:

JOSEPH GERHARDSTEIN, MD
1775 ALYSHEBA WAY, SUITE 201
LEXINGTON, KY 40509

CLIENT:

MOORE, WILLODEAN
2073 ST TERESA DR
LEXINGTON, KY 40502-

Phone: (859)278-5007

SSN: XXX-XX-5925

Fax: (859)278-6867

DOB: 2/19/1933 MR#: 04200049318201

2nd Physician:

CERT: 6/5/2025 to 8/3/2025

Send to Physician: Y

Order Read Back to Physician/Agent of Physician?: Y

Verbal Order: Y

ABN Delivered to Patient?: NA

Verbal Date: 6/17/2025 Time: 2:26 PM

Order Date: 6/17/2025 11:32 AMOrder Type: PHYSICIAN ORDER

Order Description:

REFERRAL FOR IN HOME PODIATRIST DR. ANN FARRER FOR TOENAIL CARE PER GINA AT DR. GERHARDSTEIN OFFICE.

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

COREY VANDERPOOL, RN

DATE: 06/17/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

DATE:

PHYSICIAN SIGNATURE:

DATE:

Patient Information Report

Patient:	MOORE, WILLODEAN	Insured ID:	102155811400	Primary Payor:	CARELON MYNEXUS FOR AETNA MCR ADV PDGM
MR No:	04200049318201				
Legacy MR No:					

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location	
Patient Nickname		Patient ID	493182	SSN	XXX-XX-5925

Referral Date	06/05/2025	Referral Type	READMISSION	Referral Taken By	INTERFACE
Referral Source	PHYSICIAN	Referring Physician	GERHARDSTEIN, JOSEPH	Referring Physician Contact	JOSEPH GERHARDSTEIN

Care Type and Effective Dates (P-Primary)

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

Demographics**Patient Info**

Gender	FEMALE	DOB	02/19/1933	Race	
Preferred Language					
Primary Phone	8596993012	Alt Phone		Email	
Primary Address					
Street		City	LEXINGTON	State	Zip
2073 ST TERESA DR				KY	40502-
Phone	MSA #	CBSA		Floor	County
(859)699-3012		30460			FAYETTE
Travel Directions					Room

Current Service Location: CLIENT'S HOME/RESIDENCE

Street		City	LEXINGTON	State	Zip
2073 ST TERESA DR				KY	40502-
Phone	MSA #	CBSA		Floor	County
(859) 699-3012		30460			FAYETTE
Travel Directions					Room

Patient Contacts

Contact Name	Relationship	Contact Type	Contact Relationship Type
MARY MOORE	DAUGHTER	POWER OF ATTORNEY	
Home Phone	Primary Phone	Alternate Phone	Address
	(859) 699-3012		

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY	MANAGED MEDICARE PPS / PDGM	CARELON MYNEXUS FOR AETNA MCR ADV PDGM	N
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			GERHARDSTEIN, JOSEPH

Private Payor Type Info

Claim No.	Policy No.	Insured ID
	102155811400	
Insured Name	Insured Relation	Insured Address

Patient Information Report

Patient: MOORE, WILLODEAN **Insured ID:** 102155811400 **Primary Payor:** CARELON MYNEXUS FOR AETNA MCR ADV PDGM
MR No: 04200049318201
Legacy MR No:

		Insured City	Insured State	Insured Zip
		Insured Phone		
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	6/9/2025 4:47:00 PM	VICKIE BYRD, ot	121125060982773 Y	06/05/2025 07/04/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code OT	Qty Per Period 1	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y
PPS PROGRAM	6/9/2025 4:47:11 PM	VICKIE BYRD, pt	121125060982773 Y	06/05/2025 07/04/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code PT	Qty Per Period 5	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y
PPS PROGRAM	6/9/2025 4:47:22 PM	VICKIE BYRD, sn	121125060982773 Y	06/05/2025 07/04/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code SN	Qty Per Period 1	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y
PPS PROGRAM	6/9/2025 4:47:34 PM	VICKIE BYRD, ST	121125060982773 Y	06/05/2025 07/04/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code ST	Qty Per Period 1	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y
PPS PROGRAM	6/10/2025 10:56:30 AM	VICKIE BYRD, sn	121125060982773 Y	06/05/2025 07/04/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code SN	Qty Per Period 5	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y
PPS PROGRAM	6/10/2025 10:56:52 AM	VICKIE BYRD, st	121125060982773 Y	06/05/2025 08/03/2025
Unit Type VISITS	Budget Type DISCIPLINES	Billing Code ST	Qty Per Period 5	Qty Per Day Qty Per Week Qty Per Month Qty Per Year Active Y

Patient Information Report

Patient: MOORE, WILLODEAN **Insured ID:** 102155811400 **Primary Payor:** CARELON MYNEXUS FOR AETNA MCR ADV PDGM
MR No: 04200049318201
Legacy MR No:

Program Name	Obtained Date	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
PPS PROGRAM	6/11/2025 3:42:22 PM	VICKIE BYRD, ot	PENDING OT Y	06/05/2025 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	OT	4					Y

Physician Info

Primary Physician	NPI #	Date Last Seen
GERHARDSTEIN, JOSEPH	1790780286	
Address	City	State Zip
1775 ALYSHEBA WAY, SUITE 201	LEXINGTON	KY 40509
Phone Fax	Pager	
(859)278-5007 (859)278-6867		

Secondary Physician

Requested Date of Evaluation	Admitting Discipline	Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?
05/31/2025	PT	N
Requested Date of Add-On Evaluation	Add-On Discipline	

Clinical Info

Case Manager	Team Member(s)
REBECCA GARRISON, PT	GRETCHEN OLDS-ROENTZ, OT MAEGAN ROGERS, PTA NICHOLAS CHAN, PT

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	Disaster Status	Evacuation Location
1 - SAME DAY	BEDBOUND	SISTER OR SONS HOMES

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

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	

CD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	G89.4	CHRONIC PAIN SYNDROME	E	06/06/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1021

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MR No: 04200049318201
Legacy MR No:

CD-10 Diagnosis Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
2	I13.0	HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
3	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
4	N18.30	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
5	L89.312	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 2	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
6	L89.322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
7	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	E	06/05/2025	D	1 - Symptoms well controlled with current therapy.	M1023
8	G81.94	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	E	06/05/2025	D		M1023
9	F03.93	UNSP DEMENTIA, UNSPECIFIED SEVERITY, WITH MOOD DISTURB	E	06/05/2025	D		M1023
10	F32.1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	E	06/05/2025	D		M1023
11	F03.94	UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITH ANXIETY	E	06/05/2025	D		M1023
12	F41.1	GENERALIZED ANXIETY DISORDER	E	06/05/2025	D		M1023
13	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	E	06/05/2025	D		M1023
14	E78.2	MIXED HYPERLIPIDEMIA	E	06/05/2025	D		M1023
15	I35.1	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	E	06/05/2025	D		M1023
16	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	E	06/05/2025	D		M1023
17	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	E	06/05/2025	D		M1023
18	Z91.81	HISTORY OF FALLING	E	06/05/2025	D		M1023

Allergies

Description	Date Entered
POISON IVY	6/5/2025 9:30:58 PM
POLLEN	6/5/2025 9:31:06 PM
SULFA DRUGS	6/5/2025 9:30:50 PM

* denotes Non-Visit QI Reporting Collection