



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

Fax Lead Sheet

DATE: 7/28/25

ATTENTION: Todd McGrath

COMPANY: _____

FAX NO: 859-399-6697

PHONE NO: _____

RE: New Referral

MESSAGE:

NUMBER OF PAGES: _____ (Including Lead Sheet)

FROM: VNA HEALTH AT HOME

PHONE NO: 859-277-5111

THANK YOU!

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RETURN FAX NUMBER: 859-278-0597 or 888-218-1137

Patient Information Report

Patient: HAWKINS, JAMES
 MR No: 04200070755601
 Legacy MR No:

Insured ID: 8FW5K54TJ63 Primary Payor: MEDICARE PDGM

Assigned Branch	VISITING NURSES ASSOCIATION HEALTH AT HOME LEXINGTON	Assigned Team	TEAM B	Location
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Patient Nickname	Patient ID	707556	SSN
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Referral Date	03/10/2025	Referral Type	RECERTIFICATION	Referral Taken By	3/6/25
Referral Source PHYSICIAN		Referring Physician	WILLIAMS, MICHELLE	Referring Physician Contact	MICHELLE WILLIAMS

Care Type and Effective Dates	HOME HEALTH 07/08/2025 - (P)
RSP2	07/08/2025 -

Demographics					
Patient Info					
Gender	MALE	DOB	08/01/1947	Race	
Preferred Language					
Primary Phone		Alt Phone		Email	JAMES
Primary Address					
Street		City		State	
201 STEVE CIRCLE		WINCHESTER		KY	40391-
Phone	MSA #	CBSA		Floor	
(636)448-2583		30460			
Travel Directions					

Current Service Location: CLIENT'S HOME/RESIDENCE					
Street		City		State	
201 STEVE CIRCLE		WINCHESTER		KY	40391-
Phone	MSA #	CBSA		Floor	
(636) 448-2583		30460			
Travel Directions					

Patient Contacts			
Contact Name	Relationship	Contact Type	Contact Relationship Type
MRS HAWKINS	SPOUSE	PRIMARY CAREGIVER	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address

Payor Source Info	Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY		MEDICARE	MEDICARE PDGM	
Medicare No.		Medicare A Effective	Medicare B Effective	Admission Source
8FW5K54TJ63				1 - PHYSICIAN REFERRAL
Medicaid No.		Medicaid Effective	Physician Medicaid No.	Physician Name
				MANNING, THAD

Provider/Referrer Info	Claim No.		Insured ID	
Insured Name		Insured Relation	Insured Address	
			Insured City	Insured State Insured Zip

Patient Information Report

Patient: HAWKINS, JAMES **Insured ID:** 8FW5K54TJ63 **Primary Payer:** MEDICARE PDGM
MR No: 04200070755601
Legacy MR No:

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

Program Name	Obtained Data	Obtained By/ Authorized By	Authorization No./ Active	Start Date/ End Date
PPS PROGRAM	6/29/2025 10:23:04 PM	HCHB RECERTIFICATION	Y	07/08/2025 09/05/2025

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	SN	11					Y

Physician Info						
Primary Physician MANNING, THAD			NPI # 1053499673	Date Last Seen		
Address 1520 BOONESBORO RD			City WINCHESTER	State KY		
Phone (659)744-0067	Fax (859)744-0042	Pager		Zip 40391-		
Secondary Physician WILLIAMS, MICHELLE			Perform Add-On Evaluation Prior to Approval of the Plan of Care associated with the Completed SOC Visit?			
Requested Date of Evaluation 07/08/2025			Admitting Discipline SN	N		
Requested Date of Add-On Evaluation			Add-On Discipline			

Clinical Info			
Case Manager JULIE TAYLOR, RN		Team Member(s) BRAUN APPLEGATE, PT CLARENCE SKEENS, PTA JOHN LEAR-PHILLIPS, OT SHANNON FISHER, LPN	
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 1 - SAME DAY	Disaster Status AMBULATORY W/ ASSIST	Evacuation Location WILL GO TO DAUGHTER'S HOME
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Type DO NOT RESUSCITATE	Location HOME	Contents	Contact Name	Contact Phone	Was Adv Dir Info Left With Caregiver?
					Y