

*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 Sheet

DATE: 6/18/25

ATTENTION: Todd  
COMPANY: McGroth Wound Care  
FAX 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!**

**IMPORTANT NOTICE:** The information contained in this facsimile transmission is for the sole use of the intended recipients and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this transmission in error, you are hereby notified that we do not consent to any reading, dissemination, distribution or copying of this transmission. If you have received this transmission in error, please notify the Privacy officer at 1-800-845-4310 and immediately return the facsimile documents to the address listed above.

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

Phone: (859)278-5007

Fax: (859)278-6867

2nd Physician:

Send to Physician: Y

Verbal Order: Y

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

**CLIENT:**

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

SSN: XXX-XX-5925

DOB: 2/19/1933 MR#: 04200049318201

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

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

ABN Delivered to Patient?: NA

---

**Order Date:** 6/17/2025 11:32 AM      **Order 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

<b>Referrals Info</b>					
Referral Date	06/05/2025	Referral Type	READMISSION	Referral Taken By	INTERFACE
Referral Source		Referring Physician		Referring Physician Contact	
PHYSICIAN		GERHARDSTEIN, JOSEPH		JOSEPH GERHARDSTEIN	

<b>Care Type and Effective Date (IP=Inpatient)</b>					
HOME HEALTH	06/05/2025 - (P)				
RSP2	06/05/2025 -				

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

<b>Current Service Location: CLIENT'S HOME/RESIDENCE</b>					
Street	2073 ST TERESA DR	City	LEXINGTON	State	KY
Phone	MSA # (859) 699-3012	CBSA	30460	Zip	40502-
				Floor	Room
<b>Travel Directions</b>					

<b>Patient Contact</b>					
Contact Name	Relationship	Contact Type	Contact Relationship Type		
MARY MOORE	DAUGHTER	POWER OF ATTORNEY			

<b>Payor Source Info</b>					
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		
Medicaid No.	Medicaid Effective	Physician Medicaid No.	1 - PHYSICIAN REFERRAL	Physician Name	GERHARDSTEIN, JOSEPH

<b>Private Payor Type Info</b>					
Claim No.	Policy No.	Insured ID			
Insured Name	102155811400	Insured Relation	Insured Address		

**Patient Information Report**

<b>Patient:</b>	MOORE, WILLODEAN	<b>Insured ID:</b>	102155811400	<b>Primary Payer:</b>	CARELON MYNEXUS FOR AETNA MCR ADV PDGM
<b>MR No:</b>	04200049318201				
<b>Legacy MR No:</b>					

			<b>Insured City</b>	<b>Insured State</b>		<b>Insured Zip</b>			
			<b>Insured Phone</b>						
<b>Employer Name</b>	<b>Employer ID</b>		<b>Employer Address</b>						
			<b>Employer City</b>		<b>Employer State</b>		<b>Employer Zip</b>		
			<b>Employer Phone</b>						
<b>Program Name</b>	<b>Obtained Date</b>		<b>Obtained By/ Authorized By</b>		<b>Authorization No./ Active</b>		<b>Start Date/ End Date</b>		
PPS PROGRAM	6/9/2025 4:47:00 PM		VICKIE BYRD, ot		121125060982773 Y		06/05/2025 07/04/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	OT	1				Active Y		
PPS PROGRAM	6/9/2025 4:47:11 PM		VICKIE BYRD, pt		121125060982773 Y		06/05/2025 07/04/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	PT	5				Active Y		
PPS PROGRAM	6/9/2025 4:47:22 PM		VICKIE BYRD, sn		121125060982773 Y		06/05/2025 07/04/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	SN	1				Active Y		
PPS PROGRAM	6/9/2025 4:47:34 PM		VICKIE BYRD, ST		121125060982773 Y		06/05/2025 07/04/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	ST	1				Active Y		
PPS PROGRAM	6/10/2025 10:56:30 AM		VICKIE BYRD, sn		121125060982773 Y		06/05/2025 07/04/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	SN	5				Active Y		
PPS PROGRAM	6/10/2025 10:56:52 AM		VICKIE BYRD, st		121125060982773 Y		06/05/2025 08/03/2025		
Unit Type	<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>	<b>Qty Per Month</b>	<b>Qty Per Year</b>		
VISITS	DISCIPLINES	ST	5				Active Y		

**Patient Information Report**

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

<b>Program Name</b>	<b>Obtained Date</b>	<b>Obtained By/ Authorized By</b>		<b>Authorization No./ Active</b>		<b>Start Date/ End Date</b>
PPS PROGRAM	8/11/2025 3:42:22 PM	VICKIE BYRD, ot		PENDING OT Y		06/05/2025 07/04/2025
<b>Unit Type</b>		<b>Budget Type</b>	<b>Billing Code</b>	<b>Qty Per Period</b>	<b>Qty Per Day</b>	<b>Qty Per Week</b>
VISITS		DISCIPLINES	OT	4		
					<b>Qty Per Month</b>	<b>Qty Per Year</b>
						<b>Active</b>
						Y

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

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

<b>Clinical Data</b>		<b>Team Member(s)</b>
<b>Case Manager</b>		GRETCHEN OLDS-ROENTZ, OT
REBECCA GARRISON, PT		MAEGAN ROGERS, PTA
		NICHOLAS CHAN, PT
<b>Weight</b>	<b>Height</b>	<b>Paperwork Received By Patient</b>
N		Y

<b>Medical Release Code</b>		
YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM		
<b>Acuity Status</b>	<b>Disaster Status</b>	<b>Evacuation Location</b>
1 - SAME DAY	BEDBOUND	SISTER OR SONS HOMES

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

<b>Home Health Care Survey</b>		
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	

<b>ICD-10 Diagnoses/Procedures</b>						
<b>Order</b>	<b>Code</b>	<b>Description</b>	<b>Onset / Exac.</b>	<b>O/E Date</b>	<b>Type</b>	<b>Sym. Ctrl. Rtg.</b>
1	G89.4	CHRONIC PAIN SYNDROME	E	06/05/2025	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.

**Patient Information Report**

<b>Patient:</b>	MOORE, WILLODEAN	<b>Insured ID:</b>	102165811400	<b>Primary Payor:</b>	CARELON MYNEXUS FOR AETNA MCR ADV PDGM
<b>MR No:</b>	04200049318201				
<b>Legacy MR No:</b>					

ICD-10 Diagnosis & Procedure							
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