Patient Name: **John Smith**

VISIT

Assessment Date	Visit Date
20 December 2014	**08 January 2016**

DEMOGRAPHICS

Patient Information

(M0020) ID Number	(M0040) First Name	(M0040) Middle Initial
Lorem Ipsum	Lorem Ipsum	Lorem Ipsum

(M0040) Last Name	(M0040) Suffix	(M0050) State
Lorem Ipsum	Lorem Ipsum	Lorem Ipsum

(M0060) Zip	(M0069) Gender	(M0066) Birth Date
Lorem Ipsum	☐ Male ☐ Female	Lorem Ipsum

(M0064) Social Security Number	(M0063) Medicare Number	(M0065) Medicaid Number
Lorem Ipsum	Lorem Ipsum ☐ NA – No Medicare	Lorem Ipsum ☐ NA – No Medicaid

Episode Information

(M0030) Start of Care Date	Episode Start Date
Lorem Ipsum	dd / mm / yyyy

(M0032) Resumption of Care Date	(M0090) Date Completed
dd / mm / yyyy ☐ NA – Not Applicable	dd / mm / yyyy

(M0080) Discipline of Person Completing Assessment	(M0010) CMS Certification Number
Lorem Ipsum	Lorem Ipsum

(M0018) Physician NPI Number	
Lorem Ipsum ☐ UK – Unknown or Not Available	

Assessment Reason

(M0100) This assessment is currently being completed for the following reason

☐ 1 – Start of care—further visits planned
☐ 3 – Resumption of care (after inpatient stay)
☐ 4 – Recertification (follow-up) reassessment
☐ 5 – Other follow-up
☐ 6 – Transferred to an inpatient facility—patient not discharged
☐ 7 – Transferred to an inpatient facility—patient discharged
☐ 8 – Death at home
☐ 9 – Discharge from agency

Current payment sources for home care

(M0150) Payment Source (Mark all that apply)

☐ 0 – None; no charge for current services
☐ 1 – Medicare (traditional fee-for-service)
☐ 2 – Medicare (HMO/managed care/Adv. Plan)
☐ 3 – Medicaid (traditional fee-for-service)
☐ 4 – Medicaid (HMO/managed care)
☐ 5 – Workers' compensation
☐ 6 – Title programs (e.g., Title III, V, or XX)
☐ 7 – Other government (e.g., TriCare, VA, etc.)
☐ 8 – Private insurance
☐ 9 – Private HMO/managed care
☐ 10 – Self-pay
☐ 11 – Other, Specify
☐ UK – Unknown

Patient Name: **John Smith**

TRANSFER, DISCHARGE, OR DEATH

OASIS M0903/M0906

(M0903) Date of Last (Most Recent) Home Visit
dd / mm / yyyy

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.
dd / mm / yyyy

NARRATIVE

SIGNATURE AND DATE

Signature

Date
dd / mm / yyyy