

Patient Information Report

Patient:	ALLEN, ALBERT	Insured ID:	985056542	Primary Payor:	REORG UHC/SIERRA HEALTH & LIFE
MR No:	20500005797501				
Legacy MR No:					

Assigned Branch	PROHEALTH HH-GULF	Assigned Team	MOBILE	Location
Patient Nickname		Patient ID	57975	SSN

Referral Info

Referral Date	06/03/2024	Referral Type	RECERTIFICATION	Referral Taken By	CANNON, AMANDA
Referral Source		Referring Facility		Referring Facility Contact	
FACILITY		SOUTHERN CARE MOBILE		MEAGHAN MANGOLD	

Care Type and Effective Dates (P=Primary)

HOME HEALTH 08/05/2024 - (P)
MEDICATION HISTORY CONSENT 08/05/2024 -

Demographics

Patient Info

Gender	MALE	DOB	12/29/1939	Race	WHITE
Preferred Language		Alt Phone		Email	
Primary Phone		Alt Phone		Email	
Primary Address					
Street		City	MOBILE	State	AL
2154 OROURKE DR				Zip	36695-
Phone	MSA #	CBSA		Floor	
(251)751-6427		33660			County
Travel Directions					MOBILE
					Room

Current Service Location: CLIENT'S HOME/RESIDENCE

Street		City	MOBILE	State	AL
2154 OROURKE DR				Zip	36695-
Phone	MSA #	CBSA		Floor	
(251) 751-6427		33660			County
Travel Directions					MOBILE
					Room

Patient Contacts

Contact Name	Relationship	Contact Type	Contact Relationship Type
DOUGLAS ALLEN	SON	EMERGENCY	
Home Phone	Primary Phone	Alternate Phone	Address
	(423) 790-9746		
Contact Name	Relationship	Contact Type	Contact Relationship Type
STEPHANIE MELTON	DAUGHTER-IN-LAW	PRIMARY CAREGIVER	PRIMARY CAREGIVER
Home Phone	Primary Phone	Alternate Phone	Address
	(251) 605-1144		

Payor Source Info

Payor Source Type	Payor Type	Payor Source	Is patient in an HMO (HHCAHPS)?
PRIMARY	MEDICARE ADVANTAGE PFFS	REORG UHC/SIERRA HEALTH & LIFE	
Medicare No.	Medicare A Effective	Medicare B Effective	Admission Source
8XX7EX1KD39			1 - PHYSICIAN REFERRAL
Medicaid No.	Medicaid Effective	Physician Medicaid No.	Physician Name
			NOLAN, PATRICK

Private Payor Type Info

Claim No.	Policy No.	Insured ID
	985056542	

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Insured Name	Insured Relation	Insured Address	Insured City	Insured State	Insured Zip
		Insured Phone			
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
PDGM PROGRAM	7/26/2024 3:11:04 PM	HCHB RECERTIFICATION	Y	08/05/2024 10/03/2024

Unit Type	Budget Type	Billing Code	Qty Per Period	Qty Per Day	Qty Per Week	Qty Per Month	Qty Per Year	Active
VISITS	DISCIPLINES	PT	9					Y
VISITS	DISCIPLINES	SN	3					Y

Physician Info

Primary Physician	NPI #	Date Last Seen	
NOLAN, PATRICK	1821002205		
Address	City	State	Zip
6701 AIRPORT BLVD	MOBILE	AL	36608
Phone	Fax	Pager	
(251)633-4311	(251)445-1510		

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?
08/05/2024	SN	N
Requested Date of Add-On Evaluation	Add-On Discipline	

Clinical Info

Case Manager	Team Member(s)
STACY CHANCE, RN	ADMIN HCHB, ADMN
	ALYSIA MCMILLAN, AIDE
	AMANDA CANNON, ADMN
	AMANDA KING, ADMN
	AMY KENNEDY, ST
	ANGELA JOHNSON, PTA
	ANGELA PRAYTOR, RN
	ANNA LEGGETT, ADMN
	ASHLEY SMITH, RN
	ASHLEY YEAKEL, RN
	BRANDY CHASTAIN, ADMN
	BRANDY HAWTHORNE, ADMN

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BRIGET FERRELL, ADMN
BRITTANY MAYO, ADMN
BUDDY MCCORMICK, PT
CASEY BYARS, LPN
CHARLES DAVIS, PT
CHASTITY WILLIAMS, RN
CHLOE GARNER, ADMN
CHRISTINE SOMMERS, ADMN
DANA KELSO, MSW
DAVID LESTER, ADMN
DEBORAH WALLACE, LPN
DEVANSH KHAKHAR, ADMN
DICEY HARPER, RN
DREW GREENE, PTA
ERIKA MCKEE, ADMN
FREDIA OWENS, RN
GABRIELLE FURGERSON, LPN
HANNAH KENNETT, RN
HEATHER DOUER, ADMN
HEATHER HAMILTON, ADMN
JANA TUCK, ADMN
JANET MCCORMICK, PTA
JASMINE PICKETT, ADMN
JEANNEY JONES, ADMN
JENNIFER ALLEN, ADMN
JESSICA CASH, PTA
JESSICA DAVIS, RN
JESSICA DUEITT, RN
JESSICA EDMONDSON, RN
KELLI WALDREP, LPN
KELLY BURNS, ADMN
KIARA SHELTON, RN
KRYSTAL LUNCEFORD, PTA
LEIGHANNE CHIRCOP, RN
LESLIE COTTON, ADMN
LUCI LITTON, PT
MARY GRAFE, ST
MINDY BIGBEE, RN
NATALIE DAVIS, ADMN
PAULA CORDOVA, RN
PIXIE BELCHER, RN
RENAE ROSE, RN
SCOTTI BISHOP, ADMN
SHERRY GLADDEN, ADMN
SONYA MCGOWAN, RN
STACEY DIXON, PTA

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STEVE CALLOWAY, PT
SUSAN THOMAS, RN
TAMMY CHILDERS, RN
TIFFANY MERRITT, RN
TIMOTHY LANDER, OT
TOBY HORNE, ADMN
TONYA ORNDORF, MSW
VALERIE PARKER, ADMN
VICTORIA BURNS, RN

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 - HIGH PRIORITY	AMBULATORY W/ ASSIST	HOME

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

Inpatient Events (Unaffiliated with your Agency)

Inpatient Facility	Hospital Admit Date	Hospital Discharge Date	Surgery Date	Inpatient MR No.	Reason for Admission
PROVIDENCE HOSPITAL	07/15/2024	07/16/2024			

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	

ICD-10 Diagnoses/Procedures

Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
1	G20.C	PARKINSONISM, UNSPECIFIED	E	07/31/2024	D	3 - Symptoms poorly controlled, patient needs frequent adjustments in treatment and dose monitoring.	M1021
2	Z48.815	ENCNTR FOR SURGICAL AFTCR FOLLOWING SURGERY ON THE DGSTV SYS	O	07/18/2024	D		M1023
3	I10	ESSENTIAL (PRIMARY) HYPERTENSION	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
4	M48.061	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
5	C61	MALIGNANT NEOPLASM OF PROSTATE	E	06/06/2024	D	1 - Symptoms well controlled with current therapy.	M1023
6	R63.4	ABNORMAL WEIGHT LOSS	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
7	C44.91	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
8	M19.011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
9	M62.81	MUSCLE WEAKNESS (GENERALIZED)	E	06/03/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023

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Order	Code	Description	Onset / Exac.	O/E Date	Type	Sym. Ctrl. Rtg.	OASIS Item
10	E78.2	MIXED HYPERLIPIDEMIA	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
11	K22.2	ESOPHAGEAL OBSTRUCTION	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
12	K80.80	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	E	06/06/2024	D	2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring.	M1023
13	G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	E	06/06/2024	D	1 - Symptoms well controlled with current therapy.	M1023
14	Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	E	03/05/2024	D		M1023
15	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	O	07/16/2024	D		M1023
16	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	E	07/16/2024	D		M1023
17	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	E	01/01/2024	D		M1023
18	Z91.81	HISTORY OF FALLING	E	07/15/2024	D		M1023
19	Z96.643	PRESENCE OF ARTIFICIAL HIP JOINT, BILATERAL	E	06/06/2024	D		M1023

Allergies

Description	Date Entered
NKA	7/31/2024 12:30:39 PM

* denotes Non-Visit QI Reporting Collection