

Intake Message Form

Dubols Home Care

- Please fill out all information completely
 - Refer to the intake maps for ALL intake calls:
 - Green- may accept the pt if we take that type of insurance- (All branches of United/Americhoice, Cigna, Evercare, and Alliance/One Net PPO) If accepting, intake will still be calling referring agency back to complete intake paperwork. Please communicate this to caller
 - Yellow- Must check with Intake Coordinator
 - Red- Decline
 - If accepting or checking with Intake, please have referring agency fax the following:
 - MD Orders, MD name, number and address
 - H/P and/or discharge summary
 - Demographics
-

Patient Name: _____

Address: _____

Phone #1: _____ Phone #2: _____

Insurance Company: _____

Address: _____

ID#: _____ Phone #: _____

Patient Diagnosis: _____

Referring MD Name: _____ Phone #: _____

Type of services needed: SN PT OT ST HHA

Referring Hospital _____

Referrals Name: _____

Referrals Phone #: _____ Fax #: _____

Date: _____ Time of call: _____

Message taken by: _____

Action taken: Accepted Hold for Intake Declined