

Patient Forms

HomecareNet supports a variety of Patient Forms designed for use in a variety of home care settings, and for both Medicare and non-Medicare payers. Many forms are configurable, allowing you to show or hide selected data fields, or to change the format in which they print.

HAI can also develop custom forms to your specifications.

The printed images, key dates, and workflow status (review, mail, and signature steps, for example) for all forms listed can be tracked using HomecareNet's Documents module.

Form	Description	Business Line
Patient Consent, Authorization, and AOB	Documents a patient's consent for treatment, for release of medical records, and for assignment of insurance benefits.	All
Financial Responsibility	Notifies a patient of the estimated costs and out of pocket responsibilities for services provided.	All
Medical Necessity	Intended for non-Medicare payers, this form outlines the parameters of therapies prescribed by a physician, with space for the physician's remarks and signature. It includes sections for general Patient Information, a Statement of Medical Necessity, Prescriptions, Lab Orders, Flushing Protocol, and Physician information.	All
CMNs and DIFs	HomecareNet supports all standard DME Regional Carrier (DMERC) CMN and DIF forms, including: <ul style="list-style-type: none"> 01.02A Hospital Beds 02.03A Motorized Wheelchairs 02.03B Manual Wheelchairs 03.02 Continuous Positive Airway Pressure System (CPAP) 06.03B Transcutaneous Electrical Nerve Stimulators (TENS) 07.03A Seat Lift Mechanism 07.02B Power Operated Vehicle 08.02 Immunosuppressive Drugs 09.03 External Infusion Pumps 10.03 Enteral and Parenteral Nutrition 484.3 Home Oxygen Therapy 	DME/IV
ABN	Follows CMS's standard format for the Advance Beneficiary Notice, this form is used to notify a Medicare beneficiary of goods or services that Medicare may not pay for, giving him the option of whether to proceed with services. Available in English and Spanish.	All
485 / 487	The Home Health Certification and Plan of Care (485) documents a patient's condition, the physician's visit orders, treatment goals, and prognosis as of the start of the certification period. Where, necessary, an addendum (487) is automatically produced.	Home Health

Form	Description	Business Line
Plan of Treatment	Outlines the parameters of therapies prescribed by a physician, with space for the physician's remarks and signature. It includes all of the data elements on the 485, but in format that better supports the volumes of text often required for patients requiring long-term, continuous care.	IV / Home Health
Interim Order	The Interim Order documents changes to an existing physician visit order within a certification period.	Home Health
Hospice NoE	Produced on a UB92 (CMS 1450), the Hospice Notice of Election is sent to a Medicare part A Regional Home Health Intermediary when a beneficiary elects hospice services.	Hospice
Rx Form	<p>Prints key information about a verbal prescription for the physician's signature. For the Rx Form, you can:</p> <ul style="list-style-type: none"> ▪ Specify the format and contents of the standard header and footer of the Rx Form for each pharmacy site in your organization ▪ Determine which lines from the prescription label constitute the body of the Rx Form ▪ Choose one or more Rxs ordered by the same physician to include on a single Rx Form 	IV
Care Plan	Prints details and completion status of the problems, goals, and interventions that comprise a patient's interdisciplinary care plan.	All
10 Month Letter	Follows CMS's standard language for the DME Rent/Purchase letter, or 10-month letter, giving the beneficiary the option of continuing to rent or to purchase their Durable Medical Equipment. HomecareNet also supports the ability to record the patient's response to the letter and to set billing modifiers accordingly.	DME