HEALTH INSURANCE CASE SUMMARY

HEALTH INSURANCE CLAIM NO.	3. REPRESENTAT	IVE	4. DATE OF BIRTH
	☐ Yes	☐ No	
2. BENEFICIARY	ATTORNEY		AGE (On admission or When Services Began)
	☐ Yes	☐ No	
5. DATE OF INITIAL DETERMINATION	NUMBER OF D	AYS/VISITS PAID	DATES
6. DATE OF RECON DETERMINATION	NUMBER OF D	AYS/VISITS PAID	DATES
7. DATE OF HEARING REQUEST	8. NUMBER OF DAYS/VISITS AT ISSUE		DATES
waiver of appearance Yes No			
WAIVER OF APPEARANCE Yes No 9. PROVIDER NAME			
· · · · · · · · · · · · · · · · · · ·			☐ HOSPITAL ☐ SNF ☐ HHA
10. INTERMEDIARY NAME			
AL CHAUSVING OTAY (AL., (F. 18)	1		Laure
11. QUALIFYING STAY (Name of Facility)			DATES
12. CURRENT STATUS	13. AMOUNT OF CONTROVERSY		14. ISSUE
STILL PATIENT			LEVEL OF CARE
DISCHARGED	UNKNOWN	BUT AT LEAST \$100	OTHER
DIED			
15. HOSPITAL DIAGNOSIS			
ADMISSION DISCHARGE			
16. SNF DIAGNOSIS (ES)			
		 	
17. PERTINENT EVIDENCE AND DATES			
☐ HOSPITAL ADMISSION RECORD		CERTIFICATION AND RECERTIFICATIONS	
☐ HOSPITAL DISCHARGE SUMMARY		URC DECISIONS	
NURSES' NOTES FROM	то	ELIGIBILITY FORM	
☐ MEDICATION CHARTS FROM	TO	☐ BILLING FORM	
DOCTOR'S ORDERS FROM	то	OTHER (i.e., M.D. Letters, C	Consultant's Reports, Lab Tests, Graphic Charts, Etc.)
☐ DOCTOR'S PROGRESS NOTES FROM	то		
☐ PHYSICAL THERAPY NOTES FROM	то		
☐ HOSPITAL TO SNF TRANSFER FORM			
18. SUMMARY OF SERVICES INDWELLING CATHETER RESTRAINTS			OTUEN
☐ INDWELLING CATHETER ☐ RESTREMENT ☐ TRACT			☐ OTHER
	SC MEDICATIONS		
	LE DRESSINGS		
OXYGEN ORAL MEDICATIONS REQUIRING CLOSE SUPERVISION			
19. COMMENTS AND OTHER PERTINENT FACTS			