

QIO CASE SUMMARY

1. MEDICARE NUMBER		2. BENEFICIARY	
3. NAME OF QIO	TELEPHONE NUMBER	4. APPELLANT	
5. DATE OF INITIAL DETERMINATION ____/____/____	6. DATE OF RECONSIDERATION DETERMINATION ____/____/____	7. DATE OF HEARING REQUEST ____/____/____	
8. PROVIDER NAME AND TYPE		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> SNF <input type="checkbox"/> HHA <input type="checkbox"/> OTHER	

PROVIDER NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

9. ISSUE _____ 10. AMOUNT IN CONTROVERSY _____ 11. DATE FORWARDED TO OHA _____

12. ADMISSION DATE _____ 13. DAYS OR VISITS AT ISSUE _____ 14. NUMBER _____ 15. DATE _____

16. INTERMEDIARY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

17. CURRENT STATUS
 STILL PATIENT
 DISCHARGED
 DIED

18. PERTINENT EVIDENCE AND DATES

- | | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITAL ADMISSION RECORD | <input type="checkbox"/> PHYSICIAN ATTESTATION |
| <input type="checkbox"/> HOSPITAL DISCHARGE SUMMARY | <input type="checkbox"/> ELIGIBILITY FORM |
| <input type="checkbox"/> NURSES NOTES | <input type="checkbox"/> BILLING FORM |
| <input type="checkbox"/> MEDICATION CHARTS | <input type="checkbox"/> CREDENTIALS OF PHYSICIAN RECONSIDERATION REVIEWER |
| <input type="checkbox"/> DOCTORS ORDERS | <input type="checkbox"/> RATIONALE FOR DETERMINATION WITH CORRESPONDING STATUTE/REGULATION |
| <input type="checkbox"/> DOCTORS PROGRESS NOTES | <input type="checkbox"/> COPIES OF PRIOR DENIAL/RECONSIDERATION NOTICES <i>(for waiver of liability)</i> |
| <input type="checkbox"/> PHYSICAL THERAPY NOTES | <input type="checkbox"/> COPIES OF CRITERIA/MANUAL PAGES SUPPORTING DECISION, IF NECESSARY |
| <input type="checkbox"/> HOSPITAL TO SNF TRANSFER FORM | <input type="checkbox"/> OTHER <i>(i.e., M.D. Letters, Consultant's Reports, Lab Tests, Graphic Charts, Etc.-Please Specify)</i> _____ |
| <input type="checkbox"/> HISTORY AND PHYSICAL | |

19. COMMENTS AND OTHER PERTINENT FACTS

A. REPRESENTATIVE YES NO

B. COMPLETED APPOINTMENT OR REPRESENTATIVE FORM..... YES NO