

Visiting Nurse Association of Ohio

Referring Your Patient



Referring Your Patient to VNA of Ohio

Thank you for your referring your patient to Visiting Nurse Association of Ohio. The following information is vital for fast and efficient processing, and ultimately, providing care to your patient in a timely manner. Please have the following information readily available during your referral process.

- | | |
|---|---|
| <input type="checkbox"/> Patient First and Last Name | <input type="checkbox"/> Face to Face Encounter* Date |
| <input type="checkbox"/> Patient Date of Birth | <input type="checkbox"/> Home Care Order Attached |
| <input type="checkbox"/> Patient Insurance Type | <input type="checkbox"/> Referring Facility Contact Information |
| <input type="checkbox"/> Date of Discharge | <input type="checkbox"/> Referring Physician/
Physician Signing 485
Contact Information |
| <input type="checkbox"/> Requested Start of Care Date | |
| <input type="checkbox"/> Diagnoses | |

Skilled Services Requested:

- | | |
|---|---|
| <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Primary Care Physician
Contact Information |
| <input type="checkbox"/> TeleHealth | <input type="checkbox"/> Patient's Emergency
Contact Information |
| <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Special Care | <input type="checkbox"/> Any additional information/
comments needed to
complete referral |
| <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> Speech Therapy | |
| <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> Social Work | |
| <input type="checkbox"/> Home Assist™ | |

Visiting Nurse Association of Ohio provides high-quality, comprehensive home health and hospice care to promote independence and dignity of those living in the communities we serve.

*Face to Face Encounters: According to the Patient Protection Affordable Care Act, physicians wishing to order home health services for patients covered by Medicare must have a face to face encounter with each patient. These visits must occur 90 days prior to, or within 30 days of the start of a Medicare home health episode, and that visit must also be documented using a Face to Face Encounter Form. Completed Face to Face Encounter Forms can be faxed to 216-694-4259.

In order for Medicare to cover the cost of home healthcare, the patient must be considered 'homebound' and have a skilled need to qualify for services. Under Medicare regulations, a patient is considered homebound if they cannot leave their home without considerable and taxing effort. For many patients, signs may include:

- Requires the aid of supportive devices (wheelchair or walker)
- Requires the use of special transportation
- Needs the assistance of another person
- Has a condition that leaving the home is medically contraindicated
- Symptoms of the disease process worsen when leaving the home



Referrals Made Easy: 1-877-698-6264

For caregiver support and resources, visit www.VNAOhio.org

Contact us

2500 East 22nd Street
Cleveland, Ohio 44115-3204

40 West 4th Street
Mansfield, Ohio 44902-1206



1-877-698-6264

www.VNAOhio.org

As a not-for-profit organization,
VNA of Ohio values your support.
Thank you for supporting our mission
of caring for the community.

Connect with us



About VNA of Ohio

Visiting Nurse Association of Ohio provides high-quality comprehensive home health and hospice care to promote health, independence, and dignity to those living in the communities we serve.

Founded in 1902, the organization has built a legacy for helping individuals and their families as they experience a health related situation. Today, we continue to provide expert services that will allow individuals to remain in the comfort of their homes.