island health care island hospice THAGroup independent life at home ideal aging

INDIGENT / UNINSURED PATIENT ACCEPTANCE

Service Line: Date: _____

☐ Island Health Care ☐ Island Hospice

Community Office:

☐ Beaufort ☐ Bluffton/HHI ☐ Skidaway/RH ☐ Statesboro ☐ W Savannah (Pooler)

Part I: To be completed by RN Clinical Care Liaison, Territory Rep or The Center

Patient Name		
Referring Physician		
Name of Discharging Facility	Contact Name	Phone
Diagnosis		
Services Requested (Frequency and Duration)		
Circumstances of Requested Admission to Include Alternate/Follow-Up Plan		
Hospital Deemed Indigent? ☐ Yes ☐ No	Status Verified? ☐ Yes ☐ No	Documentation Available? ☐ Yes ☐ No
Medicaid Eligible? ☐ Yes ☐ No	Application Status ☐ Pending ☐ Not Applied ☐ MSW	
DPCC Notified? ☐ Yes ☐ No	Finance Notified? ☐ Yes ☐ No	
Estimated Cost	Services Approved ☐ Yes ☐ No	Faxed to The Center ☐ Yes ☐ No

_____ _____

Clinical Care Transition RN Date

_____ _____

VP Authorizing Approval Date

_____ _____

CEO or Designee Date

Part II: To be completed by Community Office

MSW Assigned to Follow Up on Medicaid Application (Name and Date)	Date Application Completed and Forwarded to Medicaid