

One Care, Inc.

1500 Market St. 1200
12TH Floor, East Tower
Philadelphia, PA 19102
Office Phone: (215) 665-5763

DATE:

CLIENT INTAKE

TAKEN BY:

DIVISION PROPRIETARY

HOME HEALTH

PAYOR:

PRIVATE

FACILITY

MEDICARE

MEDICAID

NAME: (LAST, FIRST, MIDDLE INITIAL)					ADDRESS:					
CITY		STATE		ZIP		SEX		SSN		
MEDICARE #		MEDICAID #		TELEPHONE #			BIRTH DATE (D-M-Y)			
UPIN #		PRIMARY PHYSICIAN'S NAME				TELEPHONE NO. FAX				
PHYSICIAN ADDRESS				CITY		STATE		ZIP CODE		
HOSPITAL/ADMIS/DISCHARGE DATE			V.O DATE		TAKEN BY		S.O.C DATE		RACE	
PRIMARY DIAGNOSIS			ICD9	2 ND DIAGNOSIS				ICD9		
3 RD DIAGNOSIS			ICD9	OTHER DIAGNOSIS				ICD9		
CONTACT PERSON			RELATIONSHIP			TELEPHONE				
REFERRED BY			FACILITY			TELEPHONE				
SN	PT	ST	OT	MSW	HHA	RN	LPN	CNA	LINE-IN	COMPANION
SPECIFIC ORDERS						DOCTOR'S APPOINTMENT				
IV THERAPY			YES <input type="checkbox"/>	NO <input type="checkbox"/>	DNR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE:		TIME:
INDIVIDUAL RESPONSIBLE FOR PAYMENT				RELATIONSHIP			SOCIAL SECURITY			
ADDRESS						TELEPHONE #				
INSURANCE COMPANY		ADDRESS				TELEPHONE #				
SUBSCRIBER'S NAME		SUBSCRIBER EMPLOYER			SUBSCRIBER'S ID #		GROUP PO. ID			
TRAVEL INSTRUCTIONS										
CLIENT TYPE CODE		BILL TYPE CODE		OFFICE #		COUNTY CODE		LOCATION CODE		
REFERRAL CODE		MAJOR DIAGNOSIS CODE			DIASTER CODE		FRANCHISE COD.			