

Patient Name:
Patient ID:

Visit Date:
Episode Date:

Oasis Only Discharge - Death at Home

(M0010) CMS Certification Number:

(M0014) Branch State:

(M0016) Branch ID Number:

(M0018) National Provider Identifier (NPI) for the attending physician who has signed the plan of care:

UK - Unknown or Not Available

(M0020) Patient ID Number:

(M0030) Start of Care Date:

(M0032) Resumption of Care Date:

(M0040) Patient Name: NA - Not Applicable

(M0050) Patient State of Residence:

(M0060) Patient ZIP Code:

(M0063) Medicare Number:

NA - No Medicare

(M0064) Social Security Number:

UK - Unknown or Not Available

(M0065) Medicaid Number:

NA - No Medicaid

(M0066) Birth Date:

(M0069) Gender: 1 - Male 2 - Female

(M0150) Current Payment Sources for Home Care (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> 0 - None; no charge for current services | <input type="checkbox"/> 7 - Other government (for example, TriCare, VA) |
| <input type="checkbox"/> 1 - Medicare (traditional fee-for-service) | <input type="checkbox"/> 8 - Private insurance |
| <input type="checkbox"/> 2 - Medicare (HMO/managed care/Advantage plan) | <input type="checkbox"/> 9 - Private HMO/managed care |
| <input type="checkbox"/> 3 - Medicaid (traditional fee-for-service) | <input type="checkbox"/> 10 - Self-pay |
| <input type="checkbox"/> 4 - Medicaid (HMO/managed care) | <input type="checkbox"/> 11 - Other (specify) <input type="text"/> |
| <input type="checkbox"/> 5 - Workers' compensation | <input type="checkbox"/> UK - Unknown |
| <input type="checkbox"/> 6 - Title programs (for example, Title III, V, or XX) | |

Clinical Record Items

(M0080) Discipline of Person Completing Assessment:

1-RN 2-PT 3-SLP/ST 4-OT

(M0090) Date Assessment Completed:

(M0100) This Assessment is Currently Being Completed for the Following Reason: Discharge from Agency - Not to an Inpatient Facility

8 - Death at home

Data Items Collected at Inpatient Facility Admission or Agency Discharge Only

(M0903) Date of Last (Most Recent) Home Visit:

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

Signature / Dates

Patient Signature

Unable to Sign

Date Signed

Clinician Signature

Date Signed