



Notification of Open Home Care Episode

Attention: _____ Date: _____

In-Patient Facility: _____ Fax Number: _____

Attention Discharge Planner:

We would like to inform you that our patient, _____, was admitted to your facility on: _____.

This patient is currently receiving home health services, within an open episode from: _____ through _____.

Summary of Care: _____

Please contact our office at 419.931.9930 or fax 419.931.9931, regarding the patient's anticipated discharge date and with any questions or additional information, as well as any discharge instruction from your facility.

Agency Representative

830 W. South Boundary, Suite C
Perrysburg, OH 43551

Admission/Patient Care Services: 419.931.9930
Admission Fax: 419.931.9931

◆ Thank you for your prompt attention to this matter ◆