Patient's Name: ____ **Code:** [ ] 99495 – Moderate MDM

Date of Discharge: _____/_____/_____ [ ] 99496 – High MDM

Patient is discharged from:

[ ] Acute hospital

[ ] Rehabilitation hospital

[ ] Long-term acute care hospital

[ ] Partial hospital

[ ] Observation status in a hospital

[ ] Skilled nursing facility

[ ] Nursing facility

Patient discharged to:

[ ] Patient's home

[ ] Domiciliary

[ ] Rest home or assisted living

[ ] Assisted living

Non-face-to-face services provided by clinical staff, under the direction of the physician or NPP:

Name of clinical staff individual making contact: ______________________________________

Date of initial telephone contact: _____/_____/_____ (Must be within two business days of discharge)

Name of individual you spoke with and relationship to patient if other than patient: __________________________

Name of agency you spoke to if not with patient: ____

Medication reconciliation should happen no later than the face-to-face visit:

Current medications as below:

____

____

____

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____

Patient/family/caretaker education to support self-management, independent living, and activities of daily living:

____

____

____

Assessment and support for treatment regimen adherence and medication management:

____

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____

Identification of available community and health resources:

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____

Facilitating access to care and services needed by the patient and/or family:

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____

Services provided by the physician, NP or PA:

Obtaining, reviewing and findings to be communicated from the discharge summary:

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____

Reviewing need for or follow-up on pending diagnostic tests and treatments:

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____

Interaction with other qualified health care professionals who will assume or reassume care of the patient's system-specific problems:

____

____

____

Education of patient, family, guardian, and/or caregiver:

____

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____

Establishment or reestablishment of referrals and arranging for needed community resources:

____

____

____

Office Visit Occurred within:

99495 – 14 days and Moderate MDM

99496 – 7 days and High MDM

Provider's Signature: ____ Date: ____/____/_____