Emergency Room / Hospitalization Notice

Client Name: _____ ACW/DCW Name: _____

Check the following:

- ☐ ER Visit
- ☐ Ambulance Pick Up
- ☐ Hospital Admission

Information:

Hospital Name: _____

_____

Date: ____/____/____. Time: _____:_____ AM/PM

Describe the situation:

_____

_____

_____

_____

_____

I have done each of the following as instructed by Hool'áágóó Infinity Home Care to ensure proper notification of changes for Insurance Claims to the State of Arizona.

- ☐ I have ensured the safety of the client.
- ☐ I have alerted my employer, Hool'áágóó Infinity Home Care
  - Who: _____
  - Date: _____/_____/_____ Time: _____:_____
- ☐ I have given this written notice form to Hool'áágóó Infinity Home Care by means of:
  - Fax
  - Mail
  - Office Drop Off
- ☐ I have alerted the case manager on behalf of the client.
  - Case Manager Name: _____
  - Date: _____/_____/_____ Time: _____:_____

Official Use Only

Recorded By: _____

Notes: _____

_____

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