



Emergency Room or Hospitalization Notice

Client Name: _____ Caregiver
Name: _____

<input type="checkbox"/> ER Visit	<input type="checkbox"/> Ambulance Pick Up	<input type="checkbox"/> Hospital Admission
Hospital Location		Date/Time of Occurrence:

Describe Situation:

I have done each of the following as instructed by Infinity of Page Home Health 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 Infinity of Page Home Health Care
 - Who _____
 - Date: _____ Time: _____
- I have given this written notice form to Infinity of Page Home Health Care by means of
 - FAX
 - MAIL

Official Use Only

Rec'd by: _____
Reason/Notes: _____



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DROP OFF

- I have alerted the Case Manager on behalf of the client
 - Case Manager Name _____
 - Date: _____ Time: _____

Reporting Person

Signature: _____ Date: _____

Official Use Only

Rec'd by: _____

Reason/

Notes: _____
