

Bridge Case Management

POST Enrollment Form

****AFTER:** you have completed the enrollment packet "YOU" must ask the member the attached questions.

1. Attach completed Post Enrollment document to the enrollment forms
2. Send/Fax into corporate with completed enrollment packet

Member Name: _____ Date _____

Enroller ID#: _____ Phone: _____

POST ENROLLMENT Questions

1. Are you currently using Durable Medical equipment or medical devices? Yes No

1a. If "Yes"

Please specify which one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Commode |
| <input type="checkbox"/> Pressure mattress | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Bath Chair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Catheters |
| <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> CPAP machine /Sleep Apnea |
| <input type="checkbox"/> Toilet seats | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Other: _____ |

1b. If "Yes"

Who is servicing the equipment or medical devices

Name: _____
Phone: _____

2. Are you receiving active care from a medical specialist?

Yes No (If Yes, who?)

Name: _____
Phone: _____

3. Are you currently receiving Home Health Services?

Yes No (If Yes, who?)

Company: _____
Phone: _____

4. Do you have Transportation to & from your appointments

Yes No

Additional Contact Information: Caretaker, relative(s) or support person(s)

Name: _____ Phone: _____ Rel: _____

Name: _____ Phone: _____ Rel: _____