

Facility \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_ Contact person \_\_\_\_\_  
 Cell \_\_\_\_\_

Please mark with "X" services you provide and insurances you accept. Fill in where indicated.

<b>Capabilities</b>		<b>Insurances Accepted</b>	
MD, NP, ARNP 3-5 days per week		Medicare	
Pharmacy deadline for same day meds		Medicaid (circle)	
Transportation provided (wheelchair)		- Sunshine – State, Allwell	
- Paid for by facility		- Humana, Molina, Magellan	
Staffing - % employed by facility		- Simply Healthcare, Oscar	
- % agency usage		- Better Health, other	
Behaviors / Psych – secure unit		Humana (Circle) - HMO, PPO	
- Wanderguard system		Aetna (Circle) – HMO, PPO	
- Special dementia programming		Blue Cross (Circle) – HMO, PPO	
- On-site Psych services / counseling		- Florida Blue, Out of state plans	
On-site Testing (circle)		Cigna (circle) – HMO, Health Springs	
- Stat, lab, xray, EKG, US, bladder scan		United Health (circle) – HMO, PPO	
On-site therapy (circle)		- Optum, UMR, Wellmed	
- PT, OT, ST		Wellcare	
Respiratory – full-time or prn		Bright Health	
Maximum O2 in liters		Freedom	
- High-flow, in-room, concentrator		VA (circle)	
Tracheostomy care (circle)		- Contract, Champus, Tricare	
- Management, suctioning		Other	
- Age of trache (ex: at least 30 days)		Other	
Feedings (circle)		Other	
- NG, Gtube, TPN, Dobhoff			
- Pump/feeding in-house or rented			
Tubes, lines, drains (circle)			
- IV, PICC, surgical, rectal, insulin, pain			
Catheters (circle)			
- Foley, condom, Plurex			
External devices (circle)			
- Defibrillator vest, TENS unit			
Bariatric services (if yes, weight limit in #)			
- Equipment in-house or rented			
Specialty Protocols accepted (circle)			
- Ortho, cardiac, surg, CHF, daily showers			
Dialysis (in-house) hemo, peritoneal			
Misc - LTC, smoking, substance abuse d/o			
Translation services (please indicate)			