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Frequency of nursing visits is a best guess possible based on medical necessity. Normally, we hold the following rule of thumb for our clients:

IV ABX: 1-2x/week

Epidural: 2-3x/week

Wound care: 2-3x/week

Daily nursing: 7x/week

NG-Tube reinforcement: 1-2x/week

Specialty infusion: example: 1x Q 3 weeks (based on what is ordered is what will be the designated frequency)

Frequency of visits for PT/OT/ST is normally 1-3x/week for therapy.

Covered / Patient's Share is always based on their insurance. If billing a pharmacy, IDPA, Medicare they will always be at 100% / 0%. The Covered / Patient's Share will only change if an insurance case.

OOP (out-of-pocket)/Deductible will be based on their insurance. If billing a pharmacy, IDPA, or Medicare they will always be \$0 / \$0. The OOP/Deductible will only change if an insurance case.

* Specific to client's policy *

Insurance: BCBS Policy # insert policy # Group # insert group #
Frequency of Services: (RN) LPN 1-3x/week Charges for Services: \$75 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST 1-3x/week Charges for Services: \$140 / visit
~~*Covered / Patient's Share*~~ 80% / 20% ~~*OOP/Deductible*~~ \$2000 / \$500

Insurance: Humana Policy # insert policy # Group # insert group #
Frequency of Services: (RN) LPN 2x/week Charges for Services: \$98 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST 1-3x/week Charges for Services: \$103 / visit
~~*Covered / Patient's Share*~~ 95% / 5% ~~*OOP/Deductible*~~ \$1500 / \$1000

Insurance: Unicare Policy # insert policy # Group # insert group #
Frequency of Services: (RN) LPN 1x Q3 weeks Charges for Services: \$90 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST 1-3x/week Charges for Services: \$85 / visit
~~*Covered / Patient's Share*~~ 90% / 10% ~~*OOP/Deductible*~~ \$1000 / \$500

* Specific to client's policy *

Insurance: HIS Pharmacy Policy # N/A Group # N/A
Frequency of Services: (RN) LPN 2-3x/week Charges for Services: \$90 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST N/A Charges for Services: N/A / visit
Covered / Patient's Share: 100% / 0 OOP/Deductible 0 / 0

Insurance: HIS Pharmacy Policy # N/A Group # N/A
Frequency of Services: (RN) LPN 1-2x/week Charges for Services: \$110 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST N/A Charges for Services: N/A / visit
Covered / Patient's Share: 100% / 0 OOP/Deductible 0 / 0

Insurance: IDPA Policy # insert policy # Group # N/A
Frequency of Services: (RN) LPN 2-3x/week Charges for Services: \$65 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST 1-3x/week Charges for Services: \$65 / visit
Covered / Patient's Share: 100% / 0 OOP/Deductible 0 / 0

Insurance: Medicare Policy # insert policy # Group # N/A
Frequency of Services: (RN) LPN 1-3x/week Charges for Services: \$108 / hr (visit) (circle one)
Frequency of Services: PT/OT/ST 1-3x/week Charges for Services: \$120 / visit
Covered / Patient's Share: 100% / 0 OOP/Deductible 0 / 0