



**Forms
and Home Care Resources**

FAX ORDER FORM

**Toll Free Fax:
800-230-8687**



MED-PASS®
The Fine Art of Document Design

Order Date

Page

____/____/____ of ____

ORDER BLANK

ITEM #	OASIS-C FORMS AND RESOURCES	MIN. ORDER QTY	ORDER QTY
HC1300H	Comprehensive Adult Assessment, 485 P.O.C. Worksheet and OASIS - START OF CARE VERSION & Resumption of Care	100	
HC1302H	Completion of Care, OASIS Data Sets, and Discharge Summary, Transfer/Death at Home	100	
HC1305H	Discharge from Agency OASIS & Discharge Summary	100	
HC1306H	Physical Therapy Discharge from Agency OASIS & Discharge Summary	100	
HC1307H	Comprehensive Adult Physical Therapy Assessment, 485 P.O.C. Worksheet, and OASIS - START OF CARE VERSION & Resumption of Care	100	
HC1308H	Adult Re-Assessment and OASIS Follow-Up	100	
HC1309H	Adult Re-Assessment, 485 P.O.C., Recertification Worksheet and OASIS Follow-Up	100	
HC1311H	Home Health PPS Estimator Worksheet	100	
HC1314H	Adult Physical Therapy Re-Assessment, 485 P.O.C. Recertification Worksheet, and OASIS Follow-Up	100	
HC1022SP	OASIS Compliance Compass	1	
H50390	OASIS-C Guidance Manual	1	
H50395	OASIS-C Item-By-Item Guide	1	
H50399	OASIS-C Guidance Manual Kit	1	

ADDITIONAL HOME CARE FORMS AND RESOURCES

HC1003H	Medication Profile - Addendum	100	
HC1005H	Nursing Visit Record	100	
HC1012H	Therapy Visit Note	100	
HC1032H	Medication Profile and Patient Side Effects Form	100	
HC1040H	Fall Risk Assessment	100	

SEND INFORMATION

Please send samples: (specify item number)

Please send catalog

Please call me regarding:

Return policy available upon request or visit www.med-pass.com

• Shipping cost not included in prices, call for estimate. • Prices subject to change. • Sales tax applicable in Ohio.

Ordering Tip:

Save on shipping by ordering monthly – Check stock/storage area for any additional item(s) needed before faxing this order.

Contact Name		Title	Business Name	
Shipping Address			Billing Address (if different from Shipping Address)	
City			City	
State	Zip		State	Zip
Phone ()		Fax ()		Purchase Order#
<input type="checkbox"/> Bill Me	<input type="checkbox"/> Charge to Credit Card	Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX		
Card Number		Expiration Date	Signature	

Photocopy this order form for future orders.

OASIS-C_order 04/10



MED-PASS®
The Fine Art of Document Design

Phone 800-438-8884
937-438-8884

Fax 800-230-8687
937-438-8361

www.med-pass.com



OASIS-C Forms

HC1300H	Comprehensive Adult Assessment, 485 P.O.C. Worksheet and Outcome and Assessment Information Set – START OF CARE VERSION & Resumption of Care 100 per package	1 – 4 5 – 9 10+	\$69.80 per 100 \$56.20 per 100 \$48.90 per 100
HC1302H	Completion of Care, OASIS Data Sets and Discharge/Transfer Summary 100 per package	1 – 4 5 – 9 10+	\$37.20 per 100 \$31.00 per 100 \$28.00 per 100
HC1305H	Outcome and Assessment Information Set – DISCHARGE FROM AGENCY & DISCHARGE Summary 100 per package	1 – 4 5 – 9 10+	\$41.50 per 100 \$38.00 per 100 \$36.00 per 100
HC1306H	Physical Therapy Discharge from Agency Version 100 per package	1 – 4 5 – 9 10+	\$57.50 per 100 \$47.00 per 100 \$45.00 per 100
HC1307H	Comprehensive Adult Physical Therapy Assessment, 485 P.O.C. Worksheet, and OASIS Outcome and Assessment Information Set – START OF CARE VERSION & Resumption of Care 100 per package	1 – 4 5 – 9 10+	\$69.80 per 100 \$59.80 per 100 \$55.00 per 100
HC1308H	Adult Re-Assessment and OASIS Follow-up 100 per package	1 – 4 5 – 9 10+	\$34.40 per 100 \$25.20 per 100 \$22.40 per 100
HC1309H	Adult Re-Assessment, 485 P.O.C., Recertification Worksheet and OASIS Follow-up 100 per package	1 – 4 5 – 9 10+	\$44.20 per 100 \$32.90 per 100 \$29.20 per 100
HC1311H	Home Health PPS Estimator Worksheet 100 per package	1 – 4 5 – 9 10+	\$26.00 per 100 \$22.50 per 100 \$19.15 per 100
HC1314H	Adult Physical Therapy Re-Assessment, 485 P.O.C. Recertification Worksheet, and OASIS Follow-up 100 per package	1 – 4 5 – 9 10+	\$49.90 per 100 \$44.90 per 100 \$41.90 per 100

OASIS-C Guidance Manuals

H50390	OASIS-C Guidance Manual	1 – 3 4 – 6 7+	\$44.00 each \$41.00 each \$38.00 each
H50395	OASIS-C Item-by-Item Guide	1 – 3 4 – 6 7+	\$10.95 each \$9.95 each \$9.00 each
H50399	OASIS-C Guidance Manual Kit		\$75.00 each

Additional Home Care Forms and Resources

HC1005H	Nursing Visit Record 100 per package	1 – 4 5 – 9 10+	\$18.20 per 100 \$14.50 per 100 \$12.95 per 100
HC1012H	Therapy Visit Record 100 per package	1 – 4 5 – 9 10+	\$18.20 per 100 \$14.25 per 100 \$12.50 per 100
HC1032H	Medication Profile and Patient Side Effects Form 100 per package	1 – 4 5 – 9 10+	\$24.90 per 100 \$21.90 per 100 \$19.90 per 100
HC1003H	Medication Profile Addendum 100 per package	1 – 4 5 – 9 10+	\$19.60 per 100 \$17.50 per 100 \$16.00 per 100
HC1040H	Fall Risk Assessment 100 per package	1 – 4 5 – 9 10+	\$9.70 per 100 \$8.90 per 100 \$7.60 per 100

Prices subject to change. To confirm prices call MED-PASS customer service at 800-438-8884.

