

## **Directions for Completing the DHMH-615 Form**

**Patient Name** – Type patient’s Last Name, First Name

**Medicare Number** – Type patient’s Medicare Number

**Sex** – Type a M or F (Male or Female)

**Date of Birth** – Type mm/dd/yy format

**HOSP#** - Type 2 digit facility number (Example: 10-DHHC/Chronic, 43-DHHC Nursing Home, etc)

**Admission** – Type Date of Admission in the mm/dd/yy format

**ADM DIAG** – If applicable, type Administrative DIAG numeric code

**Patient HMIS#** - Type 10 digit patient HMIS number

**MA Number** – Type 11 digit patient Medicaid number

**Blue Cross Number** – Type in Blue Cross number

**Other Insurance** – Type in Other Insurance number

**ICDA** – Type in patient’s primary diagnosis code

**Additional ICDA** – Type in patient’s additional diagnosis codes separated by a comma

**Date Patient Retired** – Type mm/dd/yy format

**Is Patient Employed** – Type Yes, No or Unknown

**Is Patient Disabled** – Type Yes, No or Unknown

**Attending Physician** – Type physician’s Last Name, First Name

**Patient Address** – Type Street Number followed by Street Name, City, State, Zip Code

**Admitted From** – Type hospital, facility or place from where patient came

**3 Day Hospital Stay** – Type patient start date thru patient end date in (mm/dd/yy – mm/dd/yy) format.

**Bill Medicare** – Left click on the box to **fill in** if applicable.

Place an **X** in the appropriate box for **Chronic, Skilled, or Intermediate**

**Hold Billing** - Left click on the box to **fill in** if applicable Place an X in the appropriate box for either Court Order or Involuntary Admission.

**Return from Leave** - Left click on the box to **fill in** if applicable

**Status Change Received** - Left click on the box to **fill in** if applicable. Type in effective date in mm/dd/yy format

**Medicare cannot be billed due to Detainer-** Left click on the box to fill in if applicable

**Medicare cannot be billed due to Involuntary Admission** - Left click on the box to fill in if applicable

**Status Change Received** - Left click on the box to fill in if applicable. Type in effective date of suspended Medicare billing in the mm/dd/yy format.

**Lifetime Psych Benefits Exhausted** - Left click on the box to fill in if applicable

**Lifetime Reserve Authorization Attached.**- Left click on the box to fill in if applicable then type **Yes or No** (whatever is applicable)

**Detainer has been Dropped** - Left click on the box to fill in if applicable then type in effective date in mm/dd/yy format.

**Comments** - Type in any pertinent, miscellaneous information.

**Financial Agent or Preparer** - Type in agent's/preparer's First Name and Last Name

**Supervisor** – Type in agent/preparer supervisor's First name and Last Name