



Swingbed Pre-Admission Checklist

www.northsunflower.com

Date: _____

- Acute Care Admission **Date & Time:** _____
- Copy of Face Sheet
- Medicare #: _____
Part A Eligibility: _____ (days) Part B Eligibility: _____ (days)
- Secondary Insurance: _____
- Copy of IV Antibiotics Notes (*if ordered*)
- Copy of Surgery Notes (*if surgery was performed*)
- MAR (*Medication Administration Record*)
- Copy of Therapy Notes (*if therapy was performed*)
- Copy of weight-bearing status (*if surgery was performed*)
- Name & Contact Information of provider for follow-up
Provider: _____
Contact #: _____
- Discharge Plans: () return home () long-term care placement
() home health () hospice
() other: _____

Fax Checklist & Requested Copies to (662) 756-1766
Questions, call Elisa Dean, Case Manager (662) 756-1647
or Brad Cooper, SwingBed Director (662) 756-4020