



Brain Injury Guide Weekly Contact Form

Please keeping a running tally of contacts, turn in this sheet each week.

Brain Injury Guide Name: _____ Name of Mi Via Applicant: _____

PFOC Date: _____

Financial Eligibility

ISD appointment Date: _____

| Turned in blue ISD 381 | Birth Certificate | ID (Driver's License) | Bank Statements | Other | Level of Care (Final UR Review) |
|---------------------------|-------------------|-----------------------|--------------------|-------|---------------------------------|
| | | | | | |

Medical Eligibility

Nursing Assessment date: _____

| ICD-9 code | Level of Care Abstract | History & Physical | Other |
|------------|------------------------------|--------------------------|-------|
| | | | |

Contact Date: _____ **Duration:** _____ **Phone Call** **In Person- with whom:** _____
(shown in 15 minute increments)

Action: _____

BIG Signature

Date

Contact Date: _____ **Duration:** _____ **Phone Call** **In Person- with whom:** _____
(shown in 15 minute increments)

Action: _____

BIG Signature **Date**

Contact Date: _____ **Duration:** _____ **Phone Call** **In Person- with whom:** _____
(shown in 15 minute increments)

Action: _____

BIG Signature **Date**

Contact Date: _____ **Duration:** _____ **Phone Call** **In Person- with whom:** _____
(shown in 15 minute increments)

Action: _____

BIG Signature **Date**