

The following information will help prepare you for a safe discharge.

The Ortho NorthEast (ONE) office will contact your insurance company or Medicare at the time you schedule your surgery for preauthorization. During this time, ONE will find out if your coverage has restrictions on the hospital location and the provider coverage. ONE will make arrangements for your surgery based on this information.

Final discharge plans cannot be completed until after your surgery. A Case Manager will meet with you to assist with this.

The responsible person driving me home from the hospital will be: _____

The coach/coaches I have lined up to stay with me the first few days once I am home is/are: _____

Most patients go home upon discharge.

If you qualify for a skilled nursing facility:

Your physician and healthcare team may suggest that you need to go to a skilled nursing facility. Please list two facilities below that are **covered** by your insurance:

1. _____

2. _____

You may need to contact your insurance company/Medicare to see which facilities are covered. When you contact your insurance company you will need:

- Your insurance card or policy statement
- Customer service phone number
- Policy number or Medicare provider number

Please complete this worksheet and give to the Guest Service Representative when you check in for surgery.



Name: _____

When you discharge to your home:

Who will be assisting you at home: Spouse Family Other

Is your home a ranch style or multi-level home: Ranch Multi-level

Is your bedroom and bathroom on the main level: Yes No

Number of stair steps to climb to enter your home: _____

Do you have a safe railing to use: Yes No

What is the height of your bed: _____

What is the doorframe width into your – Bedroom: _____ Bathroom: _____

Do you have: Tub/Shower Combo Walk in Shower Grab Bar

- Be sure to have rubber mat or adhesive strips on bottom for safety!

Do you currently use a walking device: Yes, type: _____ No

What is the height of your toilet seat: _____ Do you have: Grab Bar

What type of vehicle do you plan to go home in:

Car Truck Van SUV Other (specify): _____

Check (✓) any equipment you have and can use after surgery:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Walker without Wheels | <input type="checkbox"/> Walker with Wheels | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Shower Chair | <input type="checkbox"/> Sock Aid |
| <input type="checkbox"/> Elevated Toilet Seat | <input type="checkbox"/> Reacher/Grabber | <input type="checkbox"/> Tub Bench |

- Please bring in your walker to be assessed by Therapy during your hospital stay.
- Equipment must be in good condition and appropriate for your height and weight.