Quinte Health

INVOICE REQUIREMENTS (Must include referral reference # provided by Quinte Health)	
Bill to:	**Patient Name:**
Quinte Health 265 Dundas Street East Belleville, ON K8N 5A9 **Attention: Accounts Payable** **Invoices can be submitted via the following options:** 1. Email to ap@qhc.on.ca bundledarthroplasty@qhc.on.ca *All emailed client information must be secure and password protected* 2. By Fax to: 613-961-2506	**Date of Birth:** **Health Card Number with version code:**

To bill for bundle rehab services provided, the pathway must be completed with patient having met goals or transferred to another provider (must include that detail). Once the patient has been discharged from your services and within 30 days of discharge, please send all documents (invoice/service discharge summary and if necessary the completed Electronic Funds Transfer Form) to the FAX or email above.

1. One invoice per patient
2. One Discharge Summary form per patient
3. Electronic Funds Transfer Form (if first invoice to our hospital)

The clinic must complete the NACRS Clinic Lite data reporting tool for this patient. More information can be found at: https://www.cihi.ca/en/nacrs-clinic-lite

Patient Reported Outcome Measures (PROMS): upon discharge from your rehab clinic the patient is to be reminded to complete their 3-month and 1-year PROMS survey online.

For all invoice processing inquiries and questions please email: bundledarthroplasty@qhc.on.ca

DETAIL		TOTAL
☐	Hip/Knee Bundled Care Post-Acute Rehabilitation Program	$312
☐	Shoulder Bundled Care Post-Acute Rehabilitation	$486

Invoice Date: _____ Total Due _____

(DD/MM/YY)

QuinteHealth

DISCHARGE SUMMARY FORM

HEALTH CARD # _____

PROCEDURE PERFORMED: **Hip** ☐ **Knee** ☐ **Shoulder** ☐
Left ☐ **Right** ☐

NAME OF FACILITY: _____

ADDRESS OF FACILITY: _____

MOHLTC FACILITY # _____

DATE OF INITIAL ASSESSMENT: _____ **DATE OF DISCHARGE:** _____
(DD/MM/YY)

NUMBER OF COMPLETED SESSIONS: _____ **NACRS CLINIC LITE COMPLETED:** _____

PROMS REMINDER TO PATIENT: _____

FORMAT OF SESSIONS: ☐ **GROUP-BASED** ☐ **1:1**

DISCHARGE CRITERIA		
TOTAL KNEE	**TOTAL HIP**	**TOTAL SHOULDER**
*Please check box if criteria was met **Functional active ROM (consider pre-op status)** ☐ 0-5 degrees Knee Extension ☐ 110 degrees Knee Flexion **Functional Strength (consider pre-op status)** ☐ Knee: Grade 4/5 or functional control of the knee ☐ Quadriceps strength without lag in straight leg raise (SLR) and short arch quadriceps (SAQ) sitting **Pain (consider pre-op status and co-morbidities)** ☐ Manageable pain with functional activities of daily living ☐ Swelling resolved or self-managed; wound healed or self-managed **ADLS** ☐ Independent ambulation (indoors and outdoors), With/without ambulation aid as required – consider pre-op status) ☐ Normal, reciprocal gait pattern (consider pre-op status and co-morbidities) ☐ Safe transfers as required (home, vehicle) ☐ Safe use of stairs if required ☐ Discharged with home exercise program	*Please check box if criteria was met **Functional active ROM** ☐ Flexion minimum 90 degrees (hip) **Functional Strength** ☐ Hip: Grade 4/5 hip flexion and extension ☐ Grade 4/5 hip abduction **Pain (consider pre-op status and co-morbidities)** ☐ Manageable pain with functional activities of daily living ☐ Swelling resolved or self-managed; wound healed or self-managed; pain self-managed **ADLS** ☐ Independent ambulation (indoors and outdoors, with/without ambulation aid as required-consider pre-op status) ☐ Normal reciprocal gait pattern (consider pre-op status and co-morbidities) ☐ Safe transfers as required (home, vehicle) ☐ Safe use of stairs if required ☐ Discharged with home exercise program	*Please check box if criteria was met **Functional Strength and ROM** ☐ As per patients functional goals **Pain (consider pre-op status and co-morbidities)** ☐ Manageable pain with functional activities of daily living ☐ Swelling resolved or self-managed; wound healed or self-managed; pain self-managed **ADLS** ☐ Independent ☐ Discharged with home exercise program
Notes/Comments/Other Considerations		