



On-Site Link™ Form

Your link to personal care in the
comfort and security of your

ON-SITE CARE™
763-545-7545

LOCATION: _____ Date: _____

RESIDENT INFORMATION

Name _____ Room/Apartment No. _____
First MI Last
 SS # _____ Date of Birth _____
 Physician's Name (FIRST) _____ (LAST) _____
 Physician's Phone _____ Date Last Seen by Physician (if known) _____

INSURANCE/CONTACT INFORMATION

Medical Assistance No. _____
 Medicare No. _____
 Medical Insurance: Company Name _____
 ID # _____

If a patient's medical insurance is not eligible or does not cover services rendered, the Resident/Resident Representative(s) are responsible for payment.

Statements should be sent to:

Resident Financial Guarantor /Responsible Party (Please provide contact info below):

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Daytime) _____ Phone (Mobile) _____
 Email _____ Preferred method of contact _____

CONSENT FOR SERVICES/AUTHORIZATIONS

I authorize ON-SITE CARE™ to provide services as checked below. If the patient's medical insurance is not eligible or does not cover services rendered, the patient/patient representative(s) are responsible for payment. I understand that I can cancel services at any time. Coordination of scheduling appointments will be made through the facility and On-Site Care staff. On-Site Care providers will make every effort to communicate with family members/POA's when appropriate. Do not check 'Schedule Now' box if services are not needed immediately.

HEARING	VISION	PODIATRY	DENTISTRY
<input type="checkbox"/> Yes <input type="checkbox"/> Schedule Now	<input type="checkbox"/> Yes <input type="checkbox"/> Schedule Now	<input type="checkbox"/> Yes <input type="checkbox"/> Schedule Now	<input type="checkbox"/> Yes <input type="checkbox"/> Schedule Now
<input type="checkbox"/> No, Decline	<input type="checkbox"/> No, Decline	<input type="checkbox"/> No, Decline	<input type="checkbox"/> No, Decline

Resident/Resident Representative signature _____ Date _____

Please return completed form to your facility's Administration area

FAX to 952-929-2067

On-Site Care, LLC
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