

## Instructions for Completing the HealthSystems of Mississippi Private Duty Nursing Monthly Summary Form

### **Section I Beneficiary Information**

1. **Beneficiary Medicaid #:** - Enter the beneficiary's nine digit Identification number as it appears on the MS Medicaid ID card.
2. **Beneficiary Name:** - Enter the beneficiary's last and first name as it appears on the MS Medicaid ID card
3. **Date this information submitted:** Enter the month/day/year information sent to HSM.

### **Section II Provider Information**

1. **PDN Agency MS Medicaid Number:** - Enter the facility's Mississippi Medicaid provider number.
2. **PDN Agency:** - Enter the name of the Agency that will render the treatment.
3. **Requestor Name:** - Enter the name of the individual completing this form.
4. **Requestor Tel #:**- Enter the area code and telephone number for the individual completing this form.

### **Section III Monthly Summary**

Include changes in clinical status, physician contact and outcome, hospitalization with discharge summary, MD appointments, significant occurrences, treatment/skills provided, and any new orders.