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Monthly Wound Evaluation:

Fax this form and patient records to 501-663-6668.
Also available at www.finneganhealth.com/forms.

Medicare requires routine evaluation of a patient's wounds: According to the *National Government Services' Surgical Dressings Coverage and Documentation Checklist*: "Evaluation of a patient's wound(s) must be performed at least on a monthly basis unless there is documentation in the medical record which justifies why an evaluation could not be done within the timeframe and what other monitoring methods were used to evaluate the patient's need for dressings." **Thank you for helping us fulfill this Centers for Medicare & Medicaid Services (CMS requirement).**

1 PATIENT INFORMATION

Name: _____

Date of Birth: _____

2 EVALUATION DETAILS

Date of Evaluation: _____
(Must be within 30 days.)

Method of evaluation: In Person Over the Phone

If Evaluation Was Not Performed, Reason Why:

4 VERIFICATION

Signature: _____

Date: _____

(Must be signed & dated by a physician, nurse, or other credentialed healthcare provider.)

3 REQUIRED WOUND INFO

Location of Wound(s):

Drainage Amount & Color:

Frequency of Wound Dressing Changes:

Any Noticeable Changes in Wound Size?

Other Notes:

