

Interim HealthCare Price List from SupplyLogic

ITEM	DESCRIPTION	QTY	PRICE
10000	Code of Ethics /Standards of Practice/ Rev. 04-2004	50/PK	\$5.98
10003	Statement of Patient's Privacy Rights	50/PK	\$8.91
10004	Statement of Patient's Privacy Rights/Spanish	50/PK	\$6.41
10006	ABN- Advance Beneficiary Notice of Non-coverage 11-2013	50/PK	\$11.18
10006-S	ABN- Advance Beneficiary Notice of Non-coverage Spanish 11-2013	see portal	price breaks
10009	HH Change of Care Notice HHCCN 11-2013	50/PK	\$9.72
10009-S	HH Change of Care Notice HHCCN Spanish 11-2013	see portal	price breaks
10016	Client Satisfaction Survey/ Rev. 08-2012	50/PK	\$15.55
10018	Hospice Bereavement Survey Rev 05/2014	25/PK	\$27.99
10020	Notice of Medicare Provider Non-coverage/ Rev. 4-2012	50/PK	\$11.64
10020V	Notice of Medicare Provider Non-coverage-Variable 4-2012	see portal	price breaks
10021	Detailed Explanation of Home Health Non-coverage/ Rev. 4-2012	25/PK	\$8.05
10021V	Detailed Explanation of Home Health Non-coverage-Variable/ 4-2012	see portal	price breaks
10022	Notice of Medicare Provider Non-Coverage (Spanish)/ Rev. 4-2012	see portal	price breaks
10022V	Notice of Medicare Provider Non-Coverage (Spanish) Variable 4-2012	see portal	price breaks
10023	Detailed Explanation of Home Health Non-Coverage/ Rev. 4-2012	see portal	price breaks
10034	Photo ID Inserts (4 on a strip)	100/PK	\$3.04
10037	Summary of Insurance Protection/ Rev. 01-1998	50/PK	\$12.13
10038	Health Insurance Assignment Benefits/ Rev. 03-2007	50/PK	\$7.36
10041	Homecare Admission Consent Form/ Rev. 05-2013	50/PK	\$10.98
10044	Labels-Universal Precaution/ Rev. 12-2003	50/PK	\$8.21
10048	Companion/ Homemaker Record Sheet/ 08-2012	50/PK	\$7.04
10051	Home Chart Jacket Label/ Rev. 04-2008	150/PK	\$10.90
10056	Home Care Aide Chart Sheet/ Rev. 04-2004	50/PD	\$10.22
10057	Statement of Patient's Rights /Responsibilities-Spanish/ Rev. 03-2003	50/PK	\$7.68
10058	Notice of Privacy (Spanish)/ Rev. 09-2013	50/PK	\$13.47
10060	Statement of Patient's Rights/Responsibility/ Rev. 07-2012	50/PK	\$6.30
10060V	Statement of Patients Rights/Responsibility - Variable	see portal	price breaks
10061	Notice of Privacy Practices/ Rev. 09-2013	50/PK	\$4.46
10062	Notice Regarding Payment Responsibility/ Rev. 12-2012	50/PK	\$6.86
10062-S	Notice Regarding Payment Responsibility- Spanish Rev. 12-2012	see portal	price breaks
10069	Authorization for Release of Health Information/ Rev. 10-2013	50/PK	12.99
10072	Medicare Secondary Payor Q&A/ Rev. 09-2011	100/PK	\$5.96
10074	Medication Profile/ Rev. 03-2012	50/PK	\$7.28
10075	Addendum to Medication Profile/ Rev. 05-2012	50/PK	\$10.22
10076	In Service Certification/ Rev. 01-1998	50/PK	\$5.75
10077	Revision To Plan of Care Treatment/ Rev. 4-2012	50/PK	\$8.45
10080	Clinical Notes/ Rev. 01-2012	50/PD	\$3.37
10081	Empolyee Health Tuberculosis (TB) Screening/Rev.09-2012	50/PD	\$5.71
10082	Hepatitis-B Evaluation, Acceptance, Declination and Antibody Testing/ Rev. 05	50/PD	\$9.00
10084	Time Slip/Contract / Rev. 07-2013	1000/CS	\$44.16
10101	Communication Coordination of Care Note (LONG)/ Rev. 05-2013	50/PK	\$8.41
10102	Communication Coordination of Care Note (SHORT)/ Rev. 06-2013	50/PK	\$6.12
10104	Communication Note - Chronic Care Support/ 9-2012	25/PK	\$8.15
10105	Chronic Care Support - Addendum to Aide Visit Note/ 9-2012	50/PK	\$4.55
10108	Medication Record/ Rev.04-2011	50/PD	\$5.71
10109	Nursing/ Progress Note/ Rev. 11-2013	50/PK	\$6.34
10110	Discharge Transfer Summary/ Rev. 07-2013	50/PK	\$6.30
10111	Pediatric Skilled Home Visit Clinical Note/ Rev. 10-2013	50/PK	\$6.33
10112	Pediatric Comprehesive Assessment/ Rev. 01-2014	50/PK	\$25.71
10116	Case Supervision Report Paraprofessional Only/ Rev. 07-2015	50/PK	\$12.83
10117	Case Supervision Report/ Rev. 10-2013	50/PK	\$8.39
10118	Occupational Therapy Evaluation & Physician's Plan of Care/ Rev. 10-2014	50/PK	\$14.03
10119	Speech Language Pathology Evaluation & Physician's Plan of Care/ Rev 10-2014	50/PK	\$21.62
10120	Therapy Evaluation Case Conference Record/ Rev. 01-2010	50/PK	\$5.75
10121	Physical Therapy Evaluation & Physician's Plan of Care/ Rev. 11-2014	50/PK	\$34.66
10122	Insurance Verification Form/ Rev. 07-2000	100/PK	\$11.27
10123	Patient Care Assessment/ Rev. 11-1997	50/PK	\$6.88
10130-A	Home Care Aide Assign Sht Service Plan Client-3/15	100/PK	\$6.58
10130-B	Home Care Aide Assign Sht Service Plan -3/15	100/PK	\$6.50
10131	HomeCare Aide Visit/Shift Charting Sheet - 3/15	100/PK	\$10.74
10132	Home Care Aide Visit/Shift Narrative - 3/15	50/PD	\$15.42
10190	Application for Employment/ Rev. 12-2013	50/PK	\$11.73
10191	Employee Interest Profile	50/PK	\$5.85

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ITEM	DESCRIPTION	QTY	PRICE
10192	Prevent Back Injuries/ Rev. 10-2004	50/PK	\$12.14
10264	Contractor Performance Evaluation/ Rev. 1996	50/PK	\$4.22
10287	Clinical Management Manual	1/EA	\$53.65
10357	Interpath Maternal/ Newborn/ Rev. 05-2004	50/PK	\$41.77
10396	Consent for Services/ Rev. 03-2003	25/PK	\$19.50
10420	InterPath Self Care Deficit 7-1998	50/PK	\$17.80
10427	InterPath Mental Health Core Extender/ Rev. 11-2000	50/PK	\$39.42
10429	Home Care Medical Social Service Assessment/ Rev. 11-2013	50/PK	\$18.17
10430	Home Care Medical Social Service Visit Note 11-2013	50/PK	\$25.71
10533	Check Request/ Rev. 06-1999	50/PK	\$12.65
11503	Financial Responsibility/ Rev. 12/2012	50/PK	\$6.34
11503-S	Financial Responsibility- Spanish/ Rev. 12/2012	see portal	price breaks
11510	Basic Field Employee Procedures and Dress Code/ Rev. 01-2002	100/PK	\$10.99
11513	License Verification/ Rev. 12-2000	100/PK	\$6.86
11515	Patient/Client Information Letter/ Rev. 01-2014	100/PK	\$15.95
11516	Client Information Letter Paraprofessional Only/ Rev. 2004	100/PK	\$6.70
11517	Client Interest Profile	50/PK	\$5.85
11518	House Rules/ Rev. 04-2014	50/PK	\$9.33
12024	Spanish Home Care Admission Consent Form/ Rev. 11-2003	50/PK	\$17.06
12096	Spanish Consent for Service/ Rev. 11-2003	25/PK	\$8.92
13001	Start of Care (Non Oasis)/ Rev. 11-2013	50/PK	\$38.46
13002	Follow-Up/Resumption of Care (Non-Oasis)/ Rev. 07-2013	50/PK	\$36.25
13003	Discharge Summary (Non Oasis)/ Rev. 10-2013	50/PK	\$22.49
14001	Admissions Booklet/Medicaid Patient/ Rev. 03-2015	25/BX	\$45.08
14002	Admission Booklet Comm Workers Comp/Rev. 03-2015	25/BX	\$44.39
14003	HCA Booklet [Non- certified Office]/ Rev. 03-2015	25/BX	\$43.70
15103	Insulin Addendum/ Rev. 09-2009	see portal	price breaks
15701	My Personal Health Record Booklet 10-2011	25/BX	\$73.75
200104	InterPath Wound Management Assessment Treatment Adjunct/ Rev. 11-2015	50/PK	\$7.78
200704	InterPath Physical Therapy Visit Note/ Rev.02-2014	50/PK	\$13.85
200904	IP Occupational Therapy Note - Interpath/ Rev. 09-2014	50/PK	\$14.76
201004	Infusion Therapy Adjunct InterPath/ Rev. 03-2014	50/PK	\$7.25
201104	InterPath Speech Therapy Visit Note/ Rev. 08-2014	50/PK	\$27.90
320001	OASIS-C Start of Care Assessment/ Rev. 01-2015	50/PK	\$57.96
320002	OASIS-C Follow-up Assessment/ Rev. 01-2015	50/PK	\$54.28
320003	OASIS-C Transfer to In-Patient/ Rev. 01-2015	25/PK	\$8.16
320004	OASIS-C Discharge From Agency/ Rev. 01-2015	50/PK	\$41.77
320005	OASIS-C Discharge Due to Death at Home/ Rev. 01-2015	50/PK	\$6.42
420001	Employee/Supervision Report/ Rev. 09-2012	50/PK	\$11.02
80020	Hospice Notice of Medicare Non-coverage	50/PK	\$28.5
80021	Hospice Detailed Explain of Non-coverage	see portal	price breaks
80022	Hospice Notice of Medicare Non-cov-Spanish	see portal	price breaks
80023	Hospice Detailed Explain of Non-Coverage-Spanish	see portal	price breaks
80100	Admission Consent & Election of Hospice Service	50/PK	\$49.50
80100-S	Admission Cons & Elect of Hospice Serv-Spanish	50/PK	\$49.50
80101	Patient/Family Rights & Responsibilities	50/PK	\$10.77
80101-S	Patient/Family Rights & Responsibilities- Spanish	50/PK	\$10.77
80101V	Patient/Family Rights & Responsibilities-Variable	see portal	price breaks
80102	Hospice Medicare/ Medicaide Benefit Revocation	50/PK	\$13.08
80103	Hospice Patient Payment Responsibility Notice	50/PK	\$23.25
80103-S	Hospice Patient Payment Responsibility Notice - Spanish	50/PK	\$23.25
80104	Hospice Change In Attend/Physician Statement	50/PK	\$9.75
80200	IDG Comprehensive Assessment & Plan of Care Update	50/PK	\$36.54
80201	Physician Telephone/ Verbal Orders	50/PK	\$13.08
80300	Volunteer Direct Services Request and Careplan	50/PK	\$16.15
80301	Volunteer Administrative Request and Careplan	50/PK	\$16.15
80302	Volunteer Activity Note	50/PK	\$13.08
80400	Managing Disposing of Medications	50/PK	\$28.57
80400-S	Disposing of Unused Medications- Spanish	50/PK	\$13.08
80401	Discharge Instructions	50/PK	\$13.08
85100	Hospice Policy and Procedure Manual	1/EA	\$56.00
85200	Hospice Business Operations Manual	1/EA	\$56.00
85300	Hospice Referral Intake/Form	50/PD	\$6.54
85301	Hospice Face Sheet Form	50/PK	\$6.93

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85303	Hospice Notice of Privacy Practices Form	50/PD	\$10.00
85303-S	Hospice Notice of Privacy Practices Form Spanish	50/PD	\$13.47
85305	Hospice Patient/family Information Letter Form	50/PK	\$15.77
85305-S	Hospice Patient/Family Info Letter Form Spanish	50/PK	\$15.77
85307-A	Hospice Comprehension Assessment Form	50/PK	\$17.88
85307-B	Hospice Comprehensive Assessment Form	50/PK	\$62.00
85308	Hospice Admission IDG Plan of Care Form	50/PK	\$24.62
85311	Hospice Initial Certification Terminal Illness	50/PK	\$16.15
85312	Hospice Recert Second 90 day form 1A	50/PK	\$7.50
85313	Hospice Recert Narrative Form 1B Addendum	50/PK	\$7.50
85314	Hospice Recert 60 Day Form #2	50/PK	\$7.50
85315	Hospice NP Encounter Form #3	50/PK	\$7.50
85316	Hospice Recertification Note	50/PK	\$7.50
85317	Hospice Palliative Performance Scale	50/PK	\$7.50
85318	Hospice Functional Assessment Staging Scale	50/PK	\$7.50
85321	Hospice ALS Eligibility Worksheet	50/PK	\$7.50
85322	Hospice Cancer Eligibility Worksheet	50/PK	\$7.50
85323	Hospice Dementia Eligibility Worksheet	50/PK	\$7.50
85324	Hospice Heart Disease Eligibility Worksheet	50/PK	\$7.50
85325	Hospice HIV/AIDS Eligibility Worksheet	50/PK	\$7.50
85326	Hospice Huntington's Disease Elig. Worksheet	50/PK	\$7.50
85327	Hospice Liver Disease Eligibility Worksheet	50/PK	\$7.50
85328	Hospice Neurologic Disease Worksheet	50/PK	\$7.50
85330	Hospice Parkinson's Disease Elig. Worksheet	50/PK	\$7.50
85331	Hospice Pulmonary Disease Elig. Worksheet	50/PK	\$7.50
85332	Hospice Acute Renal Failure Elig. Worksheet	50/PK	\$7.50
85333	Hospice Chronic Renal Failure Elig. Worksheet	50/PK	\$7.50
85334	Hospice Stroke or Coma Eligibility Worksheet	50/PK	\$7.50
85335	Hospice Admission Orders	50/PK	\$16.15
85337	Hospice Medication Profile	50/PK	\$7.50
85338	Hospice Medication Profile Addendum	50/PK	\$7.50
85339	Hospice DME Inventory	50/PK	\$7.50
85340	Hospice Death Note	50/PK	\$7.50
85342-A	Hospice Discharge Transfer Summary 1-part	50/PK	\$7.50
85342-B	Hospice Discharge Transfer Summary 2-part	50/PK	\$16.15
85344-A	Hospice Nurse Visit Note 1-part Form	50/PK	\$6.74
85344-B	Hospice Nurse Visit Note 4-Part Form	50/PK	\$35.75
85345-A	Hospice On-Call/Note	50/PK	\$7.50
85346	Hospice On-Call Report	50/PK	\$10.77
85347-A	Hospice Social Worker Assessment	50/PK	\$13.47
85347-B	Hospice Social Worker Assessment 4-Part Form	50/PK	\$31.53
85348-A	Hospice SW Visit Note 1-Part Form	50/PK	\$7.5
85348-B	Hospice SW Visit Note 2-Part Form	50/PK	\$15.77
85349-A	Hospice Depression/Screening 1-Part	50/PK	\$7.50
85349-B	Hospice Depression/Screening 2-Part	50/PK	\$13.08
85350-A	Hospice Chaplain Assessment	50/PK	\$7.50
85350-B	Hospice Chaplain Assessment 2-Part	50/PK	\$13.08
85351-A	Hospice Chaplain Contact Visit Note	50/PK	\$7.50
85351-B	Hospice Chaplain Contact Visit Note 2-Part	50/PK	\$13.08
85352	Hospice Aide Care Plan 2-Part	50/PK	\$13.08
85353-A	Hospice Aid Visit Note	50/PK	\$7.50
85353-B	Hospice Aid Visit Note 2-Part	50/PK	\$13.08
85354-A	Hospice Clinical Note 1-Part Form	50/PK	\$7.50
85354-B	Hospice Clinical Note 2-Part Form	50/PK	\$13.08
85355	Hospice Communication Coordination of Care Note	50/PK	\$7.50
85357	Hospice Continuous Care Log	50/PK	\$13.08
85358	Hospice Continuous Care Clinical Note	50/PK	\$13.08
85359	Hospice Bereavement Assessment	50/PK	\$10.77
85360	Hospice Bereavement Contact Visit Note	50/PK	\$7.50
85364	Hospice Bereavement Plan of Care	50/PK	\$7.50
85365	Hospice Bereavement Volunteer Careplan	50/PK	\$16.15
85374-A	Hospice Wound Assessment Addendum	50/PK	\$7.50
85374-B	Hospice Wound Assessment Addendum 2-Part	50/PK	\$13.08
85375	Hospice Visit Variance Report	50/PK	\$7.50

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ITEM	DESCRIPTION	QTY	PRICE
85380	Hospice Massage Therapy Referral	50/PK	\$12.90
85381	Hospice Therapy Evaluation & Plan of Care	50/PK	\$12.90
85382	Hospice Therapy Visit Note	50/PK	\$12.90
95015	Mailing Label	see portal	price breaks
95047	Patient/Client Order/ Rev. 05-2014	50/PK	\$3.66
95048	Homemaker/Companion Client Order/ Rev. 2004	50/PK	\$6.11
95056	Double Window Tinted Envelope	500/BX	\$21.52
95100	Policy and Procedure Manual for Home Care	1/EA	\$55.20
95114	Employee Vehicle Insurance Form	50/PK	\$7.31
95116	Intake and Output Record/ Rev. 10-2011	50/PD	\$5.91
95142	Control Drug Count Sheet/ Rev. 11-2011	50/PK	\$5.71
95165	Companion/Homemaker Assignment Sheet/ Rev. 08-2012	50/PK	\$5.81
95200	Policy & Procedure Manual, Skilled, PC & Support Services	1/EA	\$55.20
95300	Policy & Procedure Manual - Personal Care & Support Services	1/EA	\$49.50
96504	#9 Regular Reply Envelope	see portal	price breaks
96505	#9 Security Envelope	see portal	price breaks
96506	#9 Return Window Envelope	see portal	price breaks
96507	#9 Return Window Security	see portal	price breaks
97504	#10 Regular Envelope	see portal	price breaks
97505	#10 Security Envelope	see portal	price breaks
97506	#10 Regular Window	see portal	price breaks
97507	#10 Security Window	see portal	price breaks
98501	9 x 12 White Catalogue Envelope	see portal	price breaks
98502	10 x 13 White Catalogue Envelope	see portal	price breaks
G02001	IP Visit Note Interpath/ Rev. 11-2013	50/PK	\$14.77
G02001MC	Nurse Visit Note-For Medicare Offices 2014	50/PK	\$14.77
G03009	Paraprofessional Services/ Rev.10-2013	50/PK	\$9.35
G03011	Discharge Paraprofessional Services/ Rev. 02-2013	50/PK	\$59.61
G04001	Continuous Care Nursing Treatment/Flow Sheet (Foldout)/ Rev. 12-2005	50/PK	\$6.09
G04002	Continuous Care Nursing Treat Flow Sheet (4 Page)/ Rev. 07-2013	50/PK	\$25.76
G04003	Ventilator Flow Sheet/ Rev. 11-2001	100/PD	\$5.29
G04004	Seizure Record/ Rev. 02-2002	50/PD	\$5.29
G04005	Skilled Continuous Care Family/Caregiver Checklist/ Rev. 10-2002	50/PK	\$12.40
G05001	Initial Pediatric Assessment/ Rev. 03-2007	50/PK	\$16.01
G05002	Resumption of Care/Follow Up Pediatric Assessment/ Rev. 07-2013	50/PK	\$18.03
G05003	Pediatric Assessment Discharge/ Rev. 11-2002	50/PK	\$4.37
G05004	Pediatric Physical Therapy Evaluation and Plan of Care/ Rev. 11-2013	50/PK	\$61.55
G05005	Pediatric Physical Therapy Visit Note/ Rev. 01-2011	50/PK	\$8.97
G07001	Healthcare Staffing Time Slips/Vertical/ Rev. 01-2008	250/PK	\$14.84
G07002	Healthcare Staffing Time Slips/Horizontal/ Rev. 01-2008	250/PK	\$12.83
G07003	Homestyles Time Slip/ Rev. 07-2013	250/PK	\$22.11
G08001	Hospital Account Profile/ Rev. 05-2005	25/PK	\$11.57
G08003	Nursing Facility Account Profile/ Rev. 05-2005	25/PK	\$30.45
G08004	Physician Account Profile/ Rev. 05-2005	25/PK	\$30.45
G08007	Facility Acct Profile-Staffing Folder	25/PK	\$11.57
G08008	Correctional Facility Acct Profile Folder	25/PK	\$11.57
G08009	Profile Folder	25/PK	\$11.57
G08010	School Account Profile	25/PK	\$11.57
G09001	Visit/Shift Variance Report/ Rev. 05-2012	50/PK	\$7.90
G10000	Home Care Confidential Occurrence Report to Attorneys/ Rev. 06-2010	50/PK	\$5.52
G10001	Facility/Staffing Conf. Occur Rpt to Atty/06-2010	50/PK	\$5.10
HS001	HomeStyles Financial Responsibility/ Rev. 02-2009	50/PK	\$8.23
HS002	HomeStyles Client Service Plan/ Rev. 02-2009	50/PK	\$8.23
HS003	HomeStyles Home Instructions/ Rev. 02-2009	50/PK	\$8.23
HS004	HomeStyles Agreement to Receive Services/ Rev. 02-2009	50/PK	\$28.75
PC03009	PC Paraprofessional Services Evaluation	50/PK	\$10.20
PC03011	PC Discharge Paraprofessional Services	50/PK	\$7.75
PC10000	PC Code of Ethics/Standards of Practice	50/PK	\$9.90
PC10041	PC Homecare Admission Consent Form	50/PK	\$10.06
PC10048	PC Companion Homemaker Record Sheet	50/PK	\$7.04
PC10060	PC Statement of Patient Rights & Responsibility	50/PK	\$9.90
PC10061	PC Notice of Privacy Practices	50/PK	\$6.85
PC10062	PC Notice Regarding Payment Responsibility	50/PK	\$6.86
PC10069	PC Authorization for Release of Health Info	50/PK	18.25

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PC10081	PC Employee Health TB Screening	50/PK	\$5.50
PC10101	PC Communication Coordination of Care Note	50/PK	\$9.41
PC10116	PC Case Supervision Report Paraprofessional	50/PK	\$12.83
PC10130-A	PC Home Care Aide Assign Sht Service Plan Client-3/15	50/PK	\$6.58
PC10130-B	PC Home Care Aide Assign Sht Service Plan -3/15	50/PK	\$6.50
PC10131	PC HomeCare Aide Visit/Shift Charting Sheet - 3/15	50/PK	\$10.46
PC10132	PC Home Care Aide Visit/Shift Narrative - 3/15	50/PD	\$15.42
PC11518	PC House Rules	50/PK	\$9.33
PC11519	PC Home Safety Evaluation	50/PK	\$11.20
PC420001	PC Employee Supervision Report	50/PK	\$11.02
PC95048	PC & Support Services Client Order	50/PK	\$8.75
PC95165	PC Companion Homemaker Assignment Sheet	50/PK	\$8.40

For assistance, contact our Help Desk at (877) 767-5644 x1 or helpdesk@supplylogic.com.(Download fax form at the Interim Healthcare forms portal)

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