**CHECKLIST**

**Complete the following checklist and return to Bluestone Vista along with all completed enrollment forms.**

**NOTE: If patient is unable to sign the enrollment forms they will need to be signed by the patient’s designated Healthcare Agent/Medical POA or appointed guardian.  *Financial POA (short form POA) cannot be accepted*. Included in the enrollment packet is a Healthcare Directive if one is needed.**

**□ Patient Enrollment Form** *Please print clearly*

NOTE: Patient’s must be med managed and receive facility nursing services in order to be eligible to enroll in Bluestone Vista. Exceptions are occasionally made if patient is on no to minimal meds and stable health but must have approval from Bluestone Vista prior to enrolling. Contact Team Coordinator with any questions.

**□ Consent for Services and Insurance – HIPAA Acknowledgement** *(Must be signed by patient or Medical POA/Healthcare Agent)*

**□ Include front and back copies of all** **medical and prescription insurance cards**

**□ Patient Health History Form** *(not required if current Mankato Clinic patient IF seen by a Mankato Clinic primary care provider within the past 1 year.)*

**□ Medical Power of Attorney (Long Form POA), Health Care Directive or**

 **Guardianship document** *(required if anyone other than patient is signing enrollment forms)*

**□ Release of Health Information** *(Must be signed by patient or Medical POA/Agent)*

**□ Bluestone Bridge Enrollment form** *(Optional. Must be signed by patient or Medical POA/Agent)*

 **□ Adult Proxy Patient Portal form** *(Optional. Must be signed by patient or Medical POA/Agent)*

**□ Copy of patient’s most current medication list** *(To be provided by the facility nursing staff)*

**After all paperwork is completed, FAX TO: 507-385-4186**

Contact the Team Coordinator via the bridge or at 507-327-4726 with any questions or concerns regarding your enrollment paperwork.

\*Please allow **4 business days** for processing of enrollment paperwork prior to first appointment.