

CHECKLIST

Complete the following checklist and return to Bluestone Vista along with all completed enrollment forms including all required dates & signatures.

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.*

Patient Enrollment Form *Please print clearly*

NOTE: Patients must be med managed and receive facility nursing services in order to be eligible to enroll in Bluestone Vista. Exceptions are occasionally made, if approval given by Bluestone Vista prior to enrolling, if patient is on minimal-to-no meds and is in stable health and patient/healthcare agent agrees to those services if health declines or changes in medications warrant med management. Contact Team Coordinator w/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).*

For patients signing their own enrollment forms, if you have not done so already, we highly encourage appointing a healthcare agent at the time of Bluestone Vista enrollment.

Please complete one of the following or provide us a copy if you have something already in place.

- The Wishes for Health Care Short Form. This is an option if patient wishes something more simplified.
- The Minnesota Healthcare Directive packet. Provides the most detail and allows the patient to appoint a health care agent and leave more detailed instructions as to their wishes. This is preferred over the health care short form.

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.