



**Mark Twain Behavioral Health
Health Care Home**

917 Broadway
Hannibal, MO 63401

F A X

To: Dr. John Doe
Fax number: xxx.xxx.xxxx

From: Marjorie Wilt, RN NCM
Fax Number: 573.221.4380
Phone Number: 573.221.2120

Date: 9/26/2012

Regarding: Patient Disease Management

Patient Name: _____ Date of Birth: _____

Your patient listed above has been flagged in our quarterly disease management report for **not meeting the parameters** set for the indicator checked below. Please review the information and initial the indicator if it has already been addressed, or write N/A if it does not apply. **Please sign and return this completed form to fax number 573.221.4380.**

- Clients 18-75 years and older with a diagnosis of CAD with lipid level adequately controlled. (LDL <100 mg/dL) Initial _____
- Clients 18 years and older with a diagnosis of hypertension with a blood pressure < 140/90 mmHg during the most recent office visit within a 12 month period. Initial _____
- Clients with a diagnosis of diabetes (type 1 or type 2) who had HgbA1C < 8.0%. Initial _____
- Clients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had LDL <100 mm/dL. Initial _____
- Clients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had a blood pressure <140/90 mmHg. Initial _____

Provider Signature

Date

Thank you for assisting us with coordinating care for this client!