Ideal
Home Health
187A High Street, Holyoke, MA 01040
Tel: 413-322-8614 | Fax: 413-875-6009
Office Hours: Mon–Fri, 9AM–4PM | 24-Hour On-Call: 413-322-8614

Emergency Contact & Change of Information Form

Use this form to update your emergency contacts, or to notify us of changes to your address, insurance, or physician. Please return the completed form to your nurse or care coordinator, or fax it to 413-875-6009.

Patient Information

Patient Name: _____

Date of Birth: _____

Medicare / Insurance ID Number: _____

Current Address: _____

Home / Cell Phone: _____

Emergency Contacts

Please list at least one emergency contact. A second contact is recommended.

Primary Contact

Name: _____

Relationship to Patient: _____

Phone Number(s): _____

Secondary Contact (optional)

Name: _____

Relationship to Patient: _____

Phone Number(s): _____

What Changed?

Check all that apply and provide the new information below.

☐ Home address
☐ Phone number
☐ Insurance / Medicare Advantage plan
☐ Primary care physician or specialist
☐ Emergency contact information
☐ Other (describe below)

New Address (if applicable): _____

New Phone Number (if applicable): _____

New Insurance Plan & ID #: _____

New / Updated Physician Name & Phone: _____

Other Details: _____

Why This Matters

As a patient of Ideal Home Health, you have the responsibility to notify us of changes to your insurance coverage, physician, or contact information as soon as possible. Reporting changes promptly helps us keep your plan of care accurate, avoid billing surprises, and reach you or your emergency contact quickly if needed.

Acknowledgement

Patient / Representative Signature: _____

Date: _____

Received By (Agency Staff): _____

Please notify Ideal Home Health of any change in insurance or payment information as soon as possible, and no later than 30 calendar days from the date of the change, consistent with your Patient Bill of Rights & Responsibilities.