

## **FAX COVER PAGE**



**Evergreen Home Health**

GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

**Date:** 09/11/2026

**To:**  
19999999999

**From:**  
Evergreen Home Health  
403 W Main Street Suite A1  
Gaylord, MI 49735-1887

**Phone:** 989-214-1114

**Fax:** 866-410-7843

**Subject:**  
Form Submission

**Memo:**

Please review the attached document.

**URGENT: Please review and respond to this fax transmission promptly.**

## Medical Update for Randall Bissonette DOB: 08/16/1949

**Date Order Created:** 09/11/2026

**Order ID:** 1195/1330

**Agency Assigned Id:** 165-1

**Certification Period:** 08/21/2026 to 10/19/2026

Evergreen Home Health 239350  
403 W Main Street Suite A1  
Gaylord, MI 49735-1887  
PHONE 989-214-1114 FAX

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### Orders:

Authorization changes of PT skill Total Visits: 8 and Visit Freq: WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26)

Authorization changes of SN skill Total Visits: 7 and Visit Freq: WK1: 1 (08/21/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK7: 1 (09/27/26-10/03/26),WK9: 1 (10/11/26-10/17/26)

Authorization changes of OT skill Total Visits: 4 and Visit Freq: WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26)

09/09/2026 patient\_goal: Pt would like to increase I with peri care, Target Date: 10/19/2026, Pt would like to increase dynamic sitting balance and be able to complete Lower body dressing with increased safety and I., Target Date: 10/19/2026,

09/09/2026 procedure: equipment training, Notes: , work simplification/energy conservation, Notes: , home exercise program, Notes: BUE AROM exercises in all ranges using yellow theraband 3x12,

09/09/2026 goal: Toileting Hygiene - 06. Independent, Target Date: 10/19/2026, Shower/Bathe Self - 06. Independent, Target Date: 10/19/2026, Lower Body Dressing - 06. Independent, Target Date: 10/19/2026, Don/Doff Footwear - 06. Independent, Target Date: 10/19/2026, Eating - 06. Independent, Target Date: 10/19/2026, Upper Body Dressing - 06. Independent, Target Date: 10/19/2026,

Oral Hygiene - 06. Independent, Target Date: 10/19/2026 (unable to achieve)

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JENNIFER POLANIC  
419 SOUTH CORAL STREET

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Tele:(231) 258-7777 FAX: 12312587786

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 09/11/2026