

Medication Reconciliation Post-Discharge (MRP) Form

A completed copy of this form should be kept in the Member's Record.

If medications were reconciled during office visit, or if this Form is completed, please submit CPT Code 1111F to Doctors HealthCare Plans to capture compliance.

Patient Information		
MEMBER NAME	DATE OF BIRTH	MEMBER ID # DRS _____
PRIMARY CARE PHYSICIAN	VISIT TYPE <input type="checkbox"/> Post Discharge	
MEDICATION RECONCILIATION DATE	RECONCILIATION PERFORMED DURING (select only one) <input type="checkbox"/> Office Visit with Member <input type="checkbox"/> Telephone Call with Member	

Discharge Information		
DISCHARGE DATE	ADMISSION DX	DISCHARGE DX
FACILITY	HOSPITALIST	

Medications Prior to Admission – List all Medications prescribed to Patient prior to Admission below		
Drug Name	Dose	Frequency
IF THE ABOVE SECTION IS NOT COMPLETED SELECT BELOW: <input type="checkbox"/> Patient was not prescribed any medications prior to discharge. <input type="checkbox"/> Patient's pre-admission medication list is attached.		

Discharge Medications – List all Medications prescribed to Patient upon Discharge below		
Drug Name	Dose	Frequency
IF THE ABOVE SECTION IS NOT COMPLETED SELECT BELOW: <input type="checkbox"/> Patient was not prescribed any medications upon discharge. <input type="checkbox"/> Patient's discharge medication list is attached.		

Provider Attestation		
I have reviewed the Patient's discharge medications and reconciled against their pre-admission medications.		
PROVIDER NAME	TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PharmD	PROVIDER SIGNATURE