908 840 3043

Fax
TO: New York Life
Whom it may concern
from:
NATURES WAY ELITE
fax:

fax:
855-535-5241
phone:
Recipient phone
phone:
860-816-0377
subject:

for May 2025 Invoice
& Service

date: 6/15/25

comments

Policy #
11010701

TRICIA MCINTOSH: CCHW
Certified Community Health Worker
NATURES WAY ELITE
Natureswayelite2003@ gmail.com

Please see enclosed fax for your attention.

Polici 11010701

INVOICE # 359

SERVICE START 5/1/2025

SERVICE END 5/31/2025

TOTAL DUE ~~$840.00~~ 780.00

Natures Way Elite
528 New Park Ave.
West Hartford
(860) - 478 - 9826

Bill To:
Kay Kennedy (C/O Leroy E Taylor)
6635 W Happy Valley Rd # A104-410
Glendale
AZ 85310
United States

Service Contract	Employee	Start	End	Type	Unit Charge	Hours	Shift Charge
PCA for Kay Kennedy	Annyka McIntosh	5/2/2025 10:00am	5/2/2025 12:00pm	Hourly	$30.00	2.00	$60.00
~~PCA for Kay Kennedy~~	~~Annyka McIntosh~~	~~5/2/2025 10:00am~~	~~5/2/2025 12:00pm~~	~~Hourly~~	~~$30.00~~	~~2.00~~	~~$60.00~~
PCA for Kay Kennedy	Annyka McIntosh	5/7/2025 10:00am	5/7/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/8/2025 10:00am	5/8/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/9/2025 10:00am	5/9/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/12/2025 10:00am	5/12/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/14/2025 10:00am	5/14/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/16/2025 10:00am	5/16/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/19/2025 10:00am	5/19/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/22/2025 10:00am	5/22/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/23/2025 10:00am	5/23/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/26/2025 10:00am	5/26/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/28/2025 10:00am	5/28/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	5/30/2025 10:00am	5/30/2025 12:00pm	Hourly	$30.00	2.00	$60.00

X duplicate

780.00

Subtotal ~~$840.00~~

Payments Applied:

780.00

Total Due ~~$840.00~~

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 5/2/25
Service Duration: 2hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
- ☐ Checked Blood Pressure: _____ P _____
- ☑ Depression Screening = Kay and I went to her building office to write a referral to fix her fridge door.
- ☐ Fall Risk Assessment
- ☒ UTI Assessment = Kay uses cane when she is home
- ☒ Nutritional Screening = Kay Drinks water when taking day & night meds
- ☒ Mental Stimulation Exercises = Kay eats Spaghetti, meatballs only small serving
- ☒ Mental Stimulation Exercises = Kay plays Solitaire on her computer

Additional Information:

(Kay went to Occupational therapy)

Authorizing Signature:

_____ **Date:** _____

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/7/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

(weight = 108.9 lbs)

Service Checklist:
- ☑ Checked Blood Pressure: 126/80 P pulse = 88 bpm
- ☑ Depression Screening = Kay says her memory is starting to deteriorate only can remember her name, my name and her gene.
- ☑ Fall Risk Assessment = Kay uses her cane at home
- ☑ UTI Assessment = Kay Drinks water when taking olay & night meals
- ☑ Nutritional Screening = Kay eats small portion of meatballs
- ☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Kay has took a break of ensure she claims it is causing her to have multiple bowel movements a day.

Authorizing Signature: _____ **Date:** 5/7/25

Printed Name:
TRICIA MCINTOSH **Title:** CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/8/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 116/80 P pulse = 80 bpm
☐ Depression Screening = Kay is having trouble sleeping at night she is having nightmares.
☑ Fall Risk Assessment = Kay uses her cane when she is home
☑ UTI Assessment = Kay drinks water when taking day and night meds
☑ Nutritional Screening = Kay eats small portion of meatballs
☑ Mental Stimulation Exercises = Kay plays Solitaire on her computer

Additional Information:
Kay and I talked about making a vet appointment for gabby her cat.

Authorizing Signature: _____ **Date:** 5/8/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/9/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☐ Checked Blood Pressure: _____ P_____
☐ Depression Screening
☑ Fall Risk Assessment = Kay uses her cane when she is home
☑ UTI Assessment = Kay Drinks water when taking day and night meds
☑ Nutritional Screening = Kay eats small portion of meatballs
☑ Mental Stimulation Exercises = Kay plays Solitaire on her computer

Additional Information:
Kay
(Kay went to Hand therapy)

Authorizing Signature: _____ **Date:** 5/9/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/16/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 5/12/25
Service Duration: 2 hrs
Therapeutic Caregiver: _____

Service Checklist:
☑ Checked Blood Pressure: 135/73 P pulse = 91 bpm
☑ Depression Screening = Kay says hand therapy has helped with hand pain
☑ Fall Risk Assessment = Kay uses her cane when she is home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats small portion of meatballs
☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Kay and I schedule an Vet vaccination appointment for gabby her cat.

Authorizing Signature: _____ **Date:** 5/12/25

Printed Name:
TRICIA MCINTOSH **Title:**CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/14/25
Service Duration: 2hrs
Therapeutic Caregiver: _____

Service Checklist:
☐ Checked Blood Pressure: 133/83 P pulse= 87bpm
☑ Depression Screening = Kay says she has a lot of dreams about her family at night.
☑ Fall Risk Assessment = Kay uses her cane and rollator at home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats small portion of meatballs or frozen spaghetti and meatballs in a package.
☑ Mental Stimulation Exercises = Kay play Solitaire on her computer

Additional Information:
Kay's Doctors Appointment

Authorizing Signature: _____ **Date:** 5/14/25

Printed Name:
TRICIA MCINTOSH **Title:**CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/16/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 117/71 P pulse = 82 bpm
☑ Depression Screening = Kay had a fall accident in her home she is ok and was able to get help.
☑ Fall Risk Assessment = Kay uses her cane and rollator when she is home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats frozen spaghetti and meatballs and she loves vanilla icecream.
☑ Mental Stimulation Exercises = Kay plays solitaire

Additional Information:
Kays mouth starts to build up saliva and its hard for her to spit it out so she has to use her hands to take it out of her mouth.

Authorizing Signature: _____ **Date:** 5/16/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:
ID#

Service Information:
Date of Service: 5/19/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
- ☑ Checked Blood Pressure: 120/80 P pulse = 89 bpm
- ☑ Depression Screening = Kay has not been able to sleep at night her sleeping pills stopt her
- ☑ Fall Risk Assessment = Kay has resorted to using her rollelator in the house
- ☑ UTI Assessment = Kay Drinks water when taking day and night meds
- ☑ Nutritional Screening = Kay only eats potato chips and small portion of spaghetti and meatballs
- ☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Today Kay and I had a discussion about her laundry pick up and changing the scheduled service pick up

Authorizing Signature: _____ **Date:** 5/19/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/15/1940
Phone:
ID#

Service Information:
Date of Service: 5/22/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 155/81 P pulse = 91 bpm
☑ Depression Screening = Kay had a small bowel movement at 8:00am
☑ Fall Risk Assessment = Kay uses her rollator at home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay only eats ice cream, potato chips and small portion of Spaghetti & meatballs
☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
recently when speaking with Kay she tells me that she can't feel her dreams from reality she does not know what way past or presence.

Authorizing Signature:

Date: 5/22/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:
ID#

Service Information:
Date of Service: 5/23/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

+ Kay blood pressure was high due to her overly being Active this day.

Service Checklist:
- ☑ Checked Blood Pressure: 139/85 P pulse = 144 bpm
- ☑ Depression Screening = Kay still have saliva build up in her mouth (Burning mouth syndrome)
- ☑ Fall Risk Assessment = Kay used a rollator at home
- ☑ UTI Assessment = Kay Drinks water when taking day & night meals
- ☑ Nutritional Screening = Kay only eats ice cream, potato chips and small portion of Spaghetti & meatballs
- ☑ Mental Stimulation Exercises = Kay plays solitaire on computer.

Additional Information:
Kay has expressed that she is upset her insurance Cancelled her onysical therapy dutieis was helping her with her walking.

Authorizing Signature:

Date: 5/23/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/26/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 130/82 P pulse = 80 bpm
☑ Depression Screening = Kay has gotten a couple hours of sleep
☑ Fall Risk Assessment = Kay uses her rollator at home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats ice cream, Potato chips and small portion of Spaghetti meatballs
☑ Mental Stimulation Exercises = Kay plays solitaire

Additional Information:
Kay and I went to the store and got some groceries for herself and her cat Gabby.

Authorizing Signature: _____ **Date:** 5/26/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 5/28/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 145/81 P pulse = 90 bpm
☑ Depression Screening = Kay was not feeling well due to feeling exhausted
☑ Fall Risk Assessment = Kay uses her rollator at home
☑ UTI Assessment = Kay drinks water when taking day / night meds.
☑ Nutritional Screening = Kay was only able to eat small portion of spaghetti & meatball
☑ Mental Stimulation Exercises = Kay plays solitaire

Additional Information:
Kay and I went to the stores for her house and for exercise but she could not walk on her own on the way back home so I pushed her back on her rollator she enjoyed it.

Authorizing Signature: _____ **Date:** 5/28/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/15/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/30/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 133/85 P pulse = 85 bpm
☑ Depression Screening = Kay has taken a liking to Judge shows Say it helps her be calm.
☑ Fall Risk Assessment = Kay uses rollator at home
☐ UTI Assessment = Kay drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats potato chips and small portion of spaghetti & meatballs
☐ Mental Stimulation Exercises = Kay plays Solitaire

Additional Information:
Kay tells me that her eyes and nose start to become "wet" she claims its due to her burning mouth syndrome.

Authorizing Signature: _____ **Date:** 5/30/25

Printed Name:
TRICIA MCINTOSH, CCHW

Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/15/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 5/30/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☑ Checked Blood Pressure: 133/85 P pulse = 85 bpm
☑ Depression Screening = Kay has taken a liking to Judge shows say it helps her be calm.
☑ Fall Risk Assessment = Kay uses rollator at home
☐ UTI Assessment = Kay drinks water when taking day & night meds
☑ Nutritional Screening = Kay eats potato chips and small portion of spaghetti & meatballs
☐ Mental Stimulation Exercises = kay plays Solitaire

Additional Information:
Kay tells me that her eyes and nose start to become "wet" she claims its due to her burning mouth syndrome.

Authorizing Signature: _____ **Date:** 5/30/25

Printed Name:
TRICIA MCINTOSH, CCHW