Fax 9108 840 3043
TO:
Whom it may concern new York Life
from:
NATURES WAY ELITE
fax:

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

date:

comments for June 2025 Invoi
& Service

7/2/25

TRICIA MCINTOSH, CCHW
Certified Community Health Worker
NATURES WAY ELITE
Naturesswayelite2003@gmail.com

Please see enclosed fax for your attention.

Policy #
11010701

INVOICE # 385

SERVICE START 6/1/2025

SERVICE END 6/30/2025

TOTAL DUE **$720.00**

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	6/2/2025 10:00am	6/2/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/3/2025 10:00am	6/3/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/6/2025 8:00am	6/6/2025 10:00am	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/9/2025 10:00am	6/9/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/10/2025 10:00am	6/10/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/13/2025 10:00am	6/13/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/16/2025 10:00am	6/16/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/17/2025 10:00am	6/17/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/20/2025 8:00am	6/20/2025 10:00am	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/23/2025 10:00am	6/23/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/24/2025 10:00am	6/24/2025 12:00pm	Hourly	$30.00	2.00	$60.00
PCA for Kay Kennedy	Annyka McIntosh	6/27/2025 8:00am	6/27/2025 10:00am	Hourly	$30.00	2.00	$60.00

Subtotal $720.00

Payments Applied:

Total Due **$720.00**

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: 6/2/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 126/80 P pulse = 88 bpm
☑ Depression Screening = kay sleep better on her couch with extra pillows
☑ Fall Risk Assessment = kay uses only her rollator in the house
☑ UTI Assessment = kay drinks water when taking day & night meds
☑ Nutritional Screening = kay only eats icecream and potato chips
☑ Mental Stimulation Exercises = kay plays solitaire on computer

Additional Information:
Kay and I talked about making an appointment for her cat to get vaccinated at the vet. I made kay try a sausage sandwich but she did not like it.

Authorizing Signature: _____ **Date:** 6/2/25

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: 6/3/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 120/65 P pulse = 85 bpm
☑ Depression Screening - Kay has been in a great mood lately
☑ Fall Risk Assessment - Kay only use her rollator when she is home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay tried eating spaghetti and meatballs and was able to eat a small portion
☑ Mental Stimulation Exercises - Kay plays solitaire on her computer

Additional Information:
Kay had a few hours of sleep and a few dreams. her leg pain has returned. Kay says she almost fell when walking to the bank on her own.

Authorizing Signature: _____ **Date:** 6/3/25

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: 6/6/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 133/85 P pulse= 87 bpm
☑ Depression Screening = Kay has no nightmares as of today
☑ Fall Risk Assessment = Kay uses her rollater at home
☑ UTI Assessment = Kay drinks water when taking day & night meds
☑ Nutritional Screening = Kay finished her spaghetti & meatballs along with ice cream
☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Kay had a doctors appointment yesterday and explained that she was being interviewed with her new doctor

Authorizing Signature: _____ **Date:** 6/6/25

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: 6/9/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
- ☑ Checked Blood Pressure: 125/63 P pulse=85 bpm
- ☑ Depression Screening= kay has had a nightmare over the weekend
- ☑ Fall Risk Assessment= kay use her rollater at home
- ☑ UTI Assessment= kay Drinks water when taking day & night meds
- ☑ Nutritional Screening = kay eats small portion of spaghetti and meatballs
- ☑ Mental Stimulation Exercises = kay plays solitaire on computer

Additional Information:
kay has had 4 solid bowel movement from 4:00am to 10:00 am since I came in she said eating has made her go to the restroom more than often

Authorizing Signature: _____ **Date:** 6/9/25

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: 6/10/25
Service Duration: 2 hrs
Therapeutic Caregiver: _____

Service Checklist:
- ☐ Checked Blood Pressure: 140/80 P pulse = 92 bpm
- ☑ Depression Screening = Kay has no nightmares last night
- ☑ Fall Risk Assessment = Kay uses her rollator at home,
- ☑ UTI Assessment = Kay drinks water when taking day & night meds
- ☑ Nutritional Screening = Kay only eats small amount of spaghetti & meatballs
- ☑ Mental Stimulation Exercises = Kay play solitaire on computer

Additional Information:
Today Kay and I went on a walk around her building for exercise she was able to walk on her own without assistance but i still walk beside her.

Authorizing Signature: _____ **Date:** 6/10/25

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: 9/18/40
Phone: _____
ID# _____

Service Information:
Date of Service: 6/13/25
Service Duration: 2 hrs
Therapeutic Caregiver: _____

Service Checklist:

☐ Checked Blood Pressure: _____ P _____
☑ Depression Screening = Kay has spoken to her relatives in new york
☑ Fall Risk Assessment = Kay uses her rollator at home
☑ UTI Assessment > Kay drinks water when taking day ! right meds
☑ Nutritional Screening = Kay is able to eat bread with her spaghetti ! Ate
☑ Mental Stimulation Exercises = Kay plays solitaire on computer

Additional Information:

(Kay went to doctors Appointment)

Authorizing Signature: _____ **Date:** 6/13/25

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