Facility Partnership Overview

Onboarding Documentation for SNFs, ALFs, Nursing Homes & Referring Facilities

FACILITY INFORMATION

Facility Name: _____

Administrator / Director of Nursing: _____

Address: _____

City / State / ZIP: _____

Phone: _____ **Fax:** _____

Contact Person: _____ **Email:** _____

Facility Type (SNF / ALF / LTAC / Rehab / Hospice / Other): _____

Number of Beds / Residents: _____ **Current Census:** _____

SERVICES REQUESTED

Check all services your facility would like to utilize:

■ Regular Physician Rounding

■ Acute Change-of-Condition Management

■ Advanced Wound Care (on-site)

■ Medication Reconciliation & Deprescribing

■ Transitions-of-Care / Post-Discharge Follow-Up

■ Remote Patient Monitoring (RPM)

■ Telehealth Consultations

■ Hospice Physician Support

■ IV Hydration / Infusion Therapy

■ Lab Testing On-Site

ABOUT OUR PARTNERSHIP MODEL

Vitality Health At Your Door partners with facilities to provide board-certified, physician-led care that reduces hospital readmissions, improves CMS star ratings, and maximizes Value-Based Purchasing (VBP) incentive payments. Key features of our partnership:

• **No contracts required** — Start with a single patient referral. Scale as you see results.

• **Billable through Medicare and most insurance** — Our services are billed directly; no cost to the facility.

- **Physician-led, not NP-only** — Every patient receives direct board-certified MD care from Dr. Shiv Goel.
- **AI-powered monitoring** — TimeVitality.ai provides predictive analytics and real-time health tracking.
- **Same-day referral processing** — We review and respond to referrals within one business day.
- **Clear documentation** — Full clinical notes, handoff reports, and care transition summaries.

HOW TO GET STARTED

Step 1: Complete this form and fax or email to our team.

Step 2: Our clinical team will contact you within one business day to schedule an introductory meeting.

Step 3: Begin referring patients. No minimum volume required.

FACILITY AUTHORIZATION

I, the undersigned, am authorized to represent the above-named facility and hereby express interest in partnering with Vitality Health At Your Door for the services indicated above. I understand this is a non-binding expression of interest and does not constitute a contract.

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Title / Position: _____

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