

# Your guide to healing.

Good news. You're on the  
road to recovery.



Because Life.™



# Let's help you get your life back to normal.

We put together everything you need for  
a successful recovery – minus the comfy  
couch and TV remote.

**I went into the hospital for:**

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**and had the following tests/procedures done:**

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(Your nurse can help you fill this in.)

## **BEFORE-I-CHECK-OUT CHECKLIST**

\_\_\_\_\_ I have a **ride from** the hospital.

\_\_\_\_\_ I have a **ride to my follow-up** appointment.

\_\_\_\_\_ I have someone picking up my **prescriptions**.

\_\_\_\_\_ I have any **medical equipment** I'll need.

\_\_\_\_\_ I scheduled any **at-home services** I'll need.

**My doctor is:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**My pharmacy is:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**My doctor or nurse also told me to:**

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# Notes for a smoother recovery

Before you're discharged, go over these questions with your doctor or nurse. Following each step closely will help you stay healthy while you're recovering.

## What medications should I take?

New medications: \_\_\_\_\_

\_\_\_\_\_

Directions for use: \_\_\_\_\_

\_\_\_\_\_

Continue taking: \_\_\_\_\_

\_\_\_\_\_

Stop taking: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** The hospital will give you a discharge medication list. If you don't get it, ask. Be sure to mention any prescriptions you're already taking and ask whether you should continue taking them.

\_\_\_\_\_

## Do I have a follow-up appointment?

YES    NO

Date and time: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Office address and phone: \_\_\_\_\_

## Do I need to schedule blood work?

YES    NO

Date and time: \_\_\_\_\_

Lab location: \_\_\_\_\_

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## What if I have a question after hours?

Phone number: \_\_\_\_\_

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## Do I have a wound that requires special care instructions?

YES    NO

Care instructions: \_\_\_\_\_

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## What are my recovery do's and don'ts?

Do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Don't: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What other lifestyle changes should I make?

\_\_\_\_\_ Stop smoking

\_\_\_\_\_ Limit alcohol

\_\_\_\_\_ Watch my diet

\_\_\_\_\_ Start exercising

\_\_\_\_\_ Join a support group





# Away from the hospital

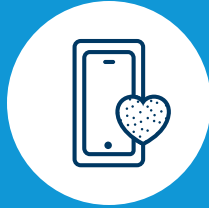
Once you leave, be sure to keep up  
with your care plan so you have a  
quick and easy recovery.

## Are you taking care of yourself?

- Take your medications correctly.
  - If you had surgery, keep an eye on your wound.
  - Go to any follow-up appointments.
  - Call your doctor if you have any questions.
  - Make recommended lifestyle changes or complete physical therapy.
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If you start experiencing any of the following symptoms, don't hesitate. **Call your doctor or 911 immediately.**

- Shortness of breath
- Weight gain
- Sudden chest pain
- Confusion
- Fever or chills
- New or unusual pain, redness, or swelling



# Want your follow-up at your fingertips?

Before you're discharged, find out if your hospital has an app or online records tool for patients.

A medical records app or online tool can provide your discharge instructions and information right on your phone or laptop. It's easy, and you don't have to worry about losing any paperwork.

## Notes

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## Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.



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**Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 1-866-459-4418.**

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