ARBOR VITAE HOSPICE CARE, INC.

1780 Town & Country Dr. Unit 106, Norco, CA 92860 www.Arborvitaehospice.com Tel: 951.735.3485 Fax: 951.735.0900

EXPLANATION OF HOSPICE BENEFIT AND SERVICE NOTE

Patient Name:	**DOB:**	**Adm Date:**
Primary Insurance *(Name & Policy):*		**SSN No.:**
Part D/Prescription Insurance *(Name & Policy):*		
Diagnosis/Diagnoses:		
Code Status *(DNR, Full Code)*:	**Allergies:**	
Mental Status:	**Living Arrangement** *(Home/B&C/SNF)*:	
Referring Physician:		**Tel No.:**
Pharmacy *(Name & Tel #):*	**DME** *(Name & Tel #):*	
Mortuary *(Name, Address & Tel #):*		

UPON EVALUATION, IT IS DETERMINED THAT THIS PATIENT:		
☐ Is eligible of Hospice Services	☐ Does not meet Hospice Criteria, not eligible for hospice services at this time	☐ Does not have Terminal Diagnosis, more documentation needed
Explanation of Benefit given to:		Date:

1. PCG / DPOA	2. NEXT OF KIN	3. OTHER PERSON
Name:	**Name:**	**Name:**
Tel No.:	**Tel No.:**	**Tel No.:**
Relationship:	**Relationship:**	**Relationship:**
SIGNATURE OF PATIENT OR LEGAL GUARDIAN:		

SERVICES NEEDED AND FREQUENCY *(check box and write frequency)*	
☐ **SN:**	☐ **MSW:**
☐ **CHHA:**	☐ **SC:**
☐ **Volunteer:**	☐ **Wound Consult:**
☐ **Other (specify):**	

ADMISSION INSTRUCTIONS / COMMUNICATION NOTES:

_____ _____ _____

Discipline Name and Title: **Signature:** **Date:**