

HOSPICE & PALLIATIVE CARE OF GREATER WAYNE COUNTY

PERDIEM INSURANCE BENEFIT

I, _____, choose to receive hospice care from Hospice & Palliative Care of Greater Wayne County.

I acknowledge/understand the following:

- Hospice care is not curative. Supportive, palliative care is provided by the hospice. The program's goal is not to cure my terminal illness, but to reduce symptoms such as pain or nausea and to provide emotional and spiritual support.
- I understand that my insurance company has agreed to reimburse Hospice & Palliative Care of Greater Wayne County on a per diem basis for the palliative care of my diagnosis of _____.
- I understand that Hospice & Palliative Care of Greater Wayne County is responsible for providing medical supplies and equipment, outpatient drugs for symptom management and pain relief, nursing services, home health aide services, physical therapy, occupational therapy, and speech/language pathology services, medical social services, and counseling, including dietary counseling.
- I understand that my physician will continue to bill my primary insurance as is currently being done.
- I understand that Hospice & Palliative Care of Greater Wayne County will assume professional management of my care under the direction of my primary physician.
- I understand that I must have prior approval from Hospice & Palliative Care of Greater Wayne County before ordering or receiving medications, treatment, supplies or equipment.
- I understand I may revoke this agreement at any time by signing a statement to that effect. If I choose to revoke this agreement, my primary insurance will be billed for my care on a per service basis.

Acknowledging/understanding the above, I authorize coverage to begin on _____.

Date

Signature of Patient or Legal Representative

Date

Signature of Witness