

Resident:	SOC Date:
Facility:	
Medicare/Medicaid Benefits, Island H equipment and supplies as identified in paid for by Medicare/Medicaid, will n patient or family will be financially	to be served by THA Group's Island Hospice and elected the Hospice ospice is financially responsible for medications for symptom management, the plan of care by Island Hospice. Any services, labs, therapies, etc., routinely ot be covered by Medicare/Medicaid if related to the terminal diagnosis. The responsible. Please notify Island Hospice before performing any of these diagnosis, Island Hospice will only cover if notified and approved in advance.
Covered Items/Services:	
• Medications – as identified on the D	Orug Profile sheet
Durable Medical Equipment: Alliano	ce Home Medical 912-200-3346 (GA) 843-379-1011 (SC)
Medical Supplies (as related to hosp	pice diagnosis)
Hospice Team	
RN:	MSW:
HHA:	Spiritual Counselor:
Volunteer:	Other:
·	ot be assigned. Assignment is based on resident's need. Emergency Plan: Call Us First! e is available 24 hours a day at 888-842-4663.
Island Hospice must coordinate serv transportation is required, Island Hospic	ices in order for the services to be paid. If hospitalization or ambulance ce must be notified.
Our goal is to assist the facility to car informed of any change so that we can	re for this terminally ill resident. Please let us help you. We need to be kept better serve the resident and you.
	s form should be placed in the resident's record and a copy given to the facility dated, a copy needs to be given to the facility business office.
☐ I have received copies of this admiss	sions consent form, benefit election form, and the RN initial assessment.
Island Hospice Staff Member Signature	Facility Staff Member Signature

