

ASERACARE HOSPICE FAX REFERRAL

If you have a patient in need of hospice services, please complete this form and **FAX TO 800-892-1226**



PATIENT INFORMATION			
Name		Gender (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone		Diagnosis	
Address		Primary Insurance	
City		Insurance Policy #	
State / Zip		County	

REFERRAL INFORMATION	
Referral Contact Name	
Referral Contact Phone	
Referral Facility	

FAMILY INFORMATION	
Primary Contact Name, Relationship	
Primary Contact Phone	

HOSPICE ORDERS	
Has hospice been discussed with the patient or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has hospice been ordered for the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the AseraCare Hospice Medical Director assume care of the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please name the Attending Physician:	
Are there any additional orders? If so, please list:	

Please include the following documentation if available along with your fax cover sheet (check included items):

Face Sheet Discharge Summary Insurance Card History and Physical Other

If you have any questions or need immediate assistance, please call 888-868-1957. AseraCare Hospice offers 24/7 Intake and Admission services.

www.AseraCare.com

This agency welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender identity, sexual orientation, source of payment, or their ability to pay.

