

Hospice Contract Templates

In order to help you meet the **December 2, 2008** CoP effective date deadline, you asked for assistance in developing your hospice contracts with nursing homes and other entities! We heard you and have contracted with the experts at Poyner Spruill ^{LLP} to provide contract templates that will save you time and money as well as give you confidence in meeting the requirements of the new Hospice CoPs.



In an effort to help your agency deliver the best care possible, we developed through Poyner Spruill ^{LLP} New CoP ready instruments to give you a head start in compliance!

**You Choose the
Contract Templates
You Need & Customize Them
for Your Agency!**

1. *Nursing Facility Hospice Services Agreement*

This template may be modified to use in either a SNF/NF or ICF/MR. It can be used for routine home care as well as short-term inpatient care (general inpatient and/or respite).

2. *Hospital Short-Term Inpatient Care Agreement*

This template may be used in any Medicare certified hospital for short-term inpatient care (general inpatient and/or respite).

3. *Medical Director Agreement*

This template may be used for the Hospice Medical Director and may be modified for the Physician Designee.

4. *Therapy Services Agreement*

This template may be used for PT/OT and/or SLP, and may be modified to use for DME services.

5. *Contract Provisions*

This is a document that lists the minimal contract provisions required by the COPs.

Ordering Info: Please Print

Please select the template(s) you wish to order. You will be mailed your selection and a CD ROM for your customization! We are happy to invest in Hospice and bring you these contract templates at a considerable cost savings to your agency when compared to other products on the market!

- Nursing Facility Hospice Services Agreement - \$244
- Hospital Short-Term Inpatient Care Agreement - \$244
- Medical Director Agreement - \$244
- Therapy Services Agreement - \$244
- Contract Provisions - \$244

All five documents for only \$1,145 – a \$75 savings!

Two Easy Ways to Order!

By Mail: (If paying by check or credit card) mail order form with total fees to:
AHHC, 3101 Industrial Drive, Suite 204, Raleigh, N.C., 27609

By Fax: (If paying by credit card) fax a copy of the order form with the appropriate credit card information and signature to (919) 848-2355. Our fax lines are open 24 hours a day.

Please Print Clearly!

Contact Name: _____

Agency Name: _____

Mailing Address: _____

(Where you wish the template mailed)

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Payment: My check (payable to AHHC) is enclosed in the amount of \$ _____

Visa MasterCard Discover American Express

Credit Card Number _____ Exp. Date _____ Security Code _____

Name (as it appears on card) _____

Address (of cardholder) _____

Signature (required) _____

For questions – please contact Richard Fowlkes at richardfowlkes@homeandhospicecare.org. A confirmation will be emailed to you when your order is processed and in the mail.