

Hospice Contract Templates

***Are Your Hospice
Contracts On Target?***

***Don't wait until
survey to find out!***



In an effort to help your agency save time and money and deliver the best care possible, we developed through the experts at Poyner Spruill ^{LLP} New CoP ready contract templates to give you a

Steady Aim toward 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.

***You Will Receive the Documents Mailed To Your Agency on A CD ROM for
Your Customization Convenience!***

Ordering Info: Please Print

Please select the template(s) you wish to order. You will be mailed 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! (Please note: NC purchasers add 6.75% sales tax.)

- Nursing Facility Hospice Services Agreement - \$169 member; \$244 non member**
- Hospital Short-Term Inpatient Care Agreement - \$169 member; \$244 non member**
- Medical Director Agreement - \$169 member; \$244 non member**
- Therapy Services Agreement - \$169 member; \$244 non member**
- Contract Provisions - \$169 member; \$244 non member**

- Or, members may order all five documents for \$745 – a \$100 savings!***
- All five documents non member rate - \$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.