

**PATIENT NAME:** \_\_\_\_\_ **MR#:** \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Patient's Social Security #: \_\_\_\_\_

Relationship to Policy Holder:  Wife  Husband  Child  Other: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Social Security #: \_\_\_\_\_

Policy Holder's Workplace: Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**INSURANCE COMPANY INFORMATION:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Policy:  HMO  PPO  Other: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AUTHORIZATION FOR SERVICES:** #: \_\_\_\_\_

Dates of Authorization: \_\_\_\_\_

Updates Required:  Yes  No

If yes, how often: \_\_\_\_\_

**COVERED SERVICES:**

Per Diem Rate of: \_\_\_\_\_

Per Visit Rate of:  RN: \_\_\_\_\_  Hospice Aide: \_\_\_\_\_

SW: \_\_\_\_\_

Spiritual Counselor: \_\_\_\_\_

Maximum Lifetime Benefit:  Yes  No Amount: \_\_\_\_\_

DME:  Hospice Responsible  Insurance Company Responsible

Medications:  Hospice Responsible  Insurance Company Responsible

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the release of information to Harbor Light Hospice in order to process this claim. I authorize the above-named insurance company to pay benefits to Harbor Light Hospice for this patient. I understand that Harbor Light Hospice is not a party to this insurance contract, and any amount, up to and including the full balance, not paid by the insurance company within 60 days is my responsibility.

\_\_\_\_\_  
Policy Holder or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Hospice Representative Signature

\_\_\_\_\_  
Date

## **RELEASE OF MEDICAL INFORMATION**

A Release of Medical Information is obtained at the time of admission. This form is used to obtain medical information about the patient in order to document diagnosis and prognosis or to request additional information after admission.

This form is photocopied and the photocopy is placed in the chart before it is mailed to obtain information