FAX-FACILITY BILLING DEPARTMENT
Rev 07/18

To:_________________________ From:_______________________________

Fax # __________________________ Pages: _________ Date: __________

RE: The following patient has been admitted to/discharged from Hospice
Routine Home Care (Circle one)

PATIENT NAME:_______________________________
Room #:______________________________
Admitted to (Facility Name): __________________________________________

OR

Discharged on this date: ________________________

Please sign and return by fax to High Peaks Hospice in
acknowledgement of receipt of notification of hospice
admission/discharge. Thank you.

Return to FAX NUMBER/Attn to: _________________________________________________

I acknowledge this patient is on Hospice Routine Home Care OR discharged from Hospice
Routing Home Care and will bill accordingly. (Circle one)

SIGNATURE:__________________________________________________________________

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www.highpeakshospice.org

Northern Clinical Office
PO Box 205
47 Tom Phelps Way
Mineville, NY 12956
Fax: 518-942-6516
Referral Fax: 518-891-0657

HIGH PEAKS HOSPICE
Phone Number 518-891-0606

Southern Clinical Office
454 Glen Street
Glen Falls, NY 12801
Fax: 518-743-0544
Referral Fax: 518-891-0657

Administrative Office
PO Box 840
309 County Road 47, Suite 3
Saranac Lake, NY 12983
Fax: 518-891-5379

Policy: Skilled Nursing Facility Care, CP277