

N. C. Little Memorial Hospice, Inc.

Family Check List for Admissions

Please bring the following information for - Admissions

-
- Patient **Social Security** Number
 - Payment \$3,850/week =(\$550/day-check , VISA or MasterCharge)**
 - Insurance Cards
 - Medications + Current List
 - List of Drug Allergies
 - Mortuary Name & Phone Number
 - Church/Synagogue Contact - Person & Phone #
 - Name, Address, Phone # of Physician to Follow (and sign death certificate)
 - Date Last Seen by above Physician (has to be within 180 days)
 - Names, Addresses, Phone #s of all Immediate Family
& Friends for Contact ...& Bereavement Follow-up
 - DNI/ DNR Form
 - POA
 - Healthcare Directive
-