



Jansen Hospice and Palliative Care
Fax: 914-725-6381

Dates of Service: _____

PHYSICIAN CERTIFICATION OF TERMINAL ILLNESS

CERTIFICATION STATEMENT:

WE (OR I) CERTIFY THAT _____ IS
TERMINALLY ILL WITH A LIFE EXPECTANCY OF SIX (6) MONTHS OR LESS BASED ON
THE EXPECTED COURSE OF THE DISEASE.

CERT Date

HOSPICE Medical Director

Date

Attending Physician

Date

Attending Physician (Print Name)

NPI #

PATIENT HAS NO ATTENDING PHYSICIAN AND IS RELYING ON THE HOSPICE
TO FULFILL MAJOR ROLE IN DETERMINING AND DELIVERING CARE.

(check when appropriate)