

LIFEPATH HOSPICE INVENTORY CONTROL
POLK COUNTY LOCATIONS

FORM	"01/02/09"	"10/29/08"	"10/03/08"	"08/27/08"	"08/12/08"	
Dear Doctor Pads (Admissions Only)	none	none	none	none	none	
DME assessment	500	500	500	500	500	
DME assessment	500	500	500	500	500	
DNR	out	750	1000	1000	2000	
Evaluation of hospice services	500	out	500	750	750	
infection control survaillance	500	500	750	750	750	
Infusion Program Consent for PIC/Midline	300	300	300	300	300	
Infusion Program Consent for Treatment	800	800	800	1000	1000	
Infusion Program Services Order	300	400	400	400	400	
Infusion Program Teaching Record	400	400	400	400	400	
Infusion Program Therapy Initiation Notes	800	800	800	800	800	
Infusion Therapy Flow Sheet	500	750	750	750	1000	
Inpatient Psychosocial assessment	450	550	600	1050	1100	
Inpatient Scatter Bed Progress Notes	250	500	500	500	500	
Interdisciplinary group review Q 1250	1250					
Intial Assessment Q 625	625					
Living Will	out	500	750	1500	1500	
Medication Inventory	500	2000	2000	2000	250	
Mobil Diagnostic service authorization	1300	1300	1300	1300	1300	
Modified Orders	out	1750	2250	7500	out	
Modified Orders- ICF	500	1250	2250	2500	2500	
Morse Fall Scale	500	1500	2250	2500	3000	
Notice of Hospice Medicare Non-Coverage	out	50	out	out	100	
Notification of Change in Physician Orders	750	out	1250	2000	2000	
Nursing Home Reimbursement	300	300	300	300	300	
Nursing Supplies Pulled from Supply Cart	400	400	400	500	500	
Occurrence Report	250	250	250	250	500	
On-call Worksheet	750	750	750	750	750	
Out-of-Hospital Pre-Transfusion Assessment	100	100	100	100	100	
Out-of-Hospital Transfusion Flow Sheet	100	100	100	100	100	
Patient agreement and informed consent	out					
Patient Visitation Schedule	250	400	400	400	600	

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Patient Weekly Medical Supply Request	1500	125	1500	1750	250	
Patient/Family Reimbursement Request	none	none	none	none	none	
Patient/Family Responsibility for NH ICP	50	50	50	50	50	
Peaceful passages	1400	out	500	750	1200	
Peaceful passages/ Spanish	950	950	950	950	950	
Pediatric Comprehensive assessment * 2-12	300					
Pediatric Comprehensive assessment 0-24	300					
Pediatric Comprehensive assessment update 3-18	300					
Pediatric Comprehensive assessment * 3-18	300					
Pediatric Comprehensive assessment update 0-24	300					
Pediatric Comprehensive assessment update 0-24	300					
Physician initial certification and start of care	750					
Physician Standing Orders	900	900	900	900	900	
PRN Medication Administration	2500	3250	3250	3250	3500	
Prognostic Indicators - Adult Failure to Thrive		3500	3500	3500	3750	
Prognostic Indicators - ALS		500	500	1000	1000	
Prognostic Indicators - Alzheimer's and Disord.		2000	2250	2250	2250	
Prognostic Indicators - Cancer		out	500	500	750	
Prognostic Indicators - Heart		750	1000	1000	1000	
Prognostic Indicators - HIV		1250	1250	1250	1250	
Prognostic Indicators - HIV/12 months		1500	1500	1500	1500	
Prognostic Indicators - Liver		1000	1000	1250	1250	
Prognostic Indicators - Non-Cancer		1000	1250	1250	1250	
Prognostic Indicators - Pulmonary		750	1000	1000	1000	
Prognostic Indicators - Renal		out	out	500	750	
Prognostic Indicators - Stroke/Coma		1500	1500	1500	1500	
Progress Notes		6750	750	3750	4250	
Provided Caregiver Program	300	500	500	500	600	
Provided Caregiver Program Referral	500	out	100	100	200	
Psychosocial Assessment	700	800	1300	1300	1600	
Psychosocial Survivor Update-Child	400	100	100	100	100	
Psychosocial Survivor Update-Time of Death	1000	500	1000	350	500	

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Psychosocial/BV Telephone Contact	1000	1000	1000	1000	1000	
Pulse Oximetry Report	500	out	200	200	500	
Release of Body to Funeral Home/Medical Ex.	1500	1250	1500	1750	2000	
Release of Information Authorization	1000	1000	1000	1000	1000	
Respiratory Therapist Evaluation	500	500	500	500	500	
Revocation of Hospice Services	500	out	500	500	500	
Routine Medication Administration	750	1500	2000	500	250	
Spanish - Living Will	200	500	500	500	500	
Spanish- Patient agreement& informed consent for care	600					
Spiritual Care Assessment & History	400	500	1000	100	400	
Spiritual Care Jarel	400	400	400	500	500	

