



CHAPTERS HEALTH[®] SYSTEM

GOOD SHEPHERD HOSPICE • LIFEPATH HOSPICE
HPH HOSPICE • HPH HOME HEALTH • PALLIATIVE CARE

Acknowledgement of Chapters Health System Community Provider Education

By checking the appropriate box below and typing/signing my name, I acknowledge that I have reviewed and understood the required education components provided.

Attending Physicians

I have completed the following three education modules:
Overview of Hospice, Hospice Eligibility and GIP Eligibility

Consulting Providers

I have completed the following two modules:
Overview of Hospice and Hospice Eligibility

Inpatient Unit Provider Education and Overview

Print name: _____

Signature: _____ Date: _____

These documents may be submitted electronically by email to medcredentialing@chaptershealth.org or by fax to 813-533-0493.