



## PHYSICIAN CERTIFICATION OF TERMINAL ILLNESS

The attending physician must sign this form within eight days of the date of the hospice election. MO HealthNet (MHD) requires continuous re-certifications every 60 days after the second period. Subsequent re-certifications can be documented on the reverse.

### Participant Information

Participant Name	MO HealthNet Identification Number
Participant Health Insurance Claim (HIC) Number	Social Security Number

### Hospice Information

Name of Hospice	Hospice NPI
Hospice Medicare Provider Identifier	Provider Taxonomy Code

### Initial Certification 90 Days

<b>I certify, to the best of my medical knowledge, that the patient named above is terminally ill and has a probable life expectancy of six months or less if the disease/illness runs its expected course.</b>	Initial Certification From Date	Thru Date
Verbal Order – Attending Physician		Date of Verbal
Attending Physician Signature		Date of Signature
Verbal Order – Medical Director		Date of Verbal
Medical Director Signature		Date of Signature

### Recertification – Second Period 90 Days

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
Physician Signature		Date of Signature

### Recertification – Third Period 60 Days

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
Physician Signature		Date of Signature

### Recertification – Forth Period 60 Days

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
Physician Signature		Date of Signature

### Recertification – Fifth Period 60 Days

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
Physician Signature		Date of Signature

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MHD requires continuous re-certifications every 60 days after the second period. Renumber those re-certifications which exceed the thirteenth period.

**Participant Information**

Participant Name	MO HealthNet Identification Number
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**Recertification – Sixth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Seventh Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Eighth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Ninth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Tenth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Eleventh Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Twelfth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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**Recertification – Thirteenth Period 60 Days**

<b>I recertify that the above patient is still considered terminally ill with a probable life expectancy of six months or less if the disease/ illness runs its expected course. I have reviewed a current plan of care.</b>	Recertification From Date	Thru Date
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Physician Signature	Date of Signature
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