



Change in Attending Physician Form

For _____
Patient name

I, _____ understand that it is my right to keep
Patient/Legal Representative Name

my attending physician while receiving hospice services as long as my attending physician or their associates have the ability to give orders after hours. Front Range Hospice and Palliative Care has again reminded me of this right and it is my choice to select:

___ Front Range Hospice Medical Director, Dr. Mark Sanazaro, to be the Attending Physician.

NPI: _____ 1740287077

OR

___ Dr.'s Name: _____
Address: _____

NPI: _____

This change will be effective _____

___ I acknowledge that I am keeping the physician that I have had a relationship with prior to signing on with hospice.

___ I acknowledge and understand that this change in attending physician is the patient's/representative's choice.

I acknowledge and understand that the change in attending is the choice of the long term care facility and I agree to this.

___ I acknowledge and understand that the change in attending physician is the credentialed and approved physician of the acute hospital and I agree to this for **GIP patients at Platte Valley Medical Center.**

Signature of Patient/Representative

Date