ProHealth
Home Care

DEMO-100010

Hospice Physician Recertification of Terminal Illness

Patient: THOMPSON, MARIA - MR#70003 Caregiver: David Schneider (LVN) Date: 11/13/2026

Patient Name: **Last: THOMPSON First: MARIA**	MR Number: **70003**	DOB: **05/17/1934**
Location Name: **ProHealth Hospice Sacramento**	Location Number: **05**	
Location Address: 8359 Sunset Blvd Suite: City: Sacramento State: CA Zip: 95814	Location Phone: (877) 516-6051 Location Fax: (877) 662-1396	
Physician Name: **ANDERSON, MEGHAN (MD) - 8290 Oak Ave, Detroit MI 48226**	Physician Address: 8290 Oak Ave City: Detroit State: MI Zip: 48226	
Physician Phone: **(313) 909-5748 Fax: (313) 779-6631**	Physician NPI: **1790935419**	
Benefit Period Dates **(Period 5) From: 11/13/2026 To: 01/11/2027**		
Date Assessment Completed: **11/13/2026**	SOC Date: **07/19/2026**	

Diagnoses

Primary Diagnosis	Date	ICD Code	Additional Diagnosis related to prognosis
a. Malignant neoplasm of pancreas, unspecified	11/13/2026	C25.9	
Other Diagnoses	**Date**	**ICD Code**	
b. Unspecified atrial fibrillation	11/13/2026	I48.91	○ Yes ◉ No
c. History of falling	11/13/2026	Z91.81	○ Yes ◉ No

Verbal certification *(if applicable)*

On 11/13/2026 Verbal Order Date
Dr. Anderson, Meghan verbally certified that this patient is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course.

Verbal certification received by: David Schneider, LVN ☑ Hospice medical director is also acting as the attending physician.

Hospice Physician Narrative Summary Certification and Attestation

Physician Recertification of Terminal Illness Statement
Patient is a 92 y/o female residing at Home with spouse referred for hospice evaluation by PMD secondary to malignant neoplasm of pancreas, unspecified. Over the last 2-3 months the patient has exhibited progressive weight loss of >10% body weight. She has become overall withdrawn and spends most of the day in bed. PPS 20%. FAST 6c. MAC 21 cm. Comorbidities include Unspecified atrial fibrillation, History of falling. Medications reviewed with admitting RN at SOC. Plan: Continue hospice services. PMD - Dr. Anderson. Patient has a life expectancy of 6 months or less if the terminal illness runs its normal course. Start Effective Date: 11/18/2026

Based on these findings, I certify that this individual's prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.

By applying my signature, I attest and confirm that I composed the above narrative based on my review of the patient's medical record, and if applicable, examination of the patient.

Physician's Signature & Date:	Physician NPI: **1790935419**

This form has been electronically signed by:
David Schneider (LVN) 11/13/2026 11:13:45 AM PST

Awaiting physician e-signature (Ordina)
Dr. Meghan Anderson, MD