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| **cid:image001.png@01D1375A.21D27500** |  | 6666_PIPLogoScreen.jpg |

### SI 6: Deliverable B

**SI 6: Palliative Care**

Due: Quarter 2 Template

**Attestation**

Please have your Medical Director (or equivalent) sign below verifying chart review of members with COPD eligible for palliative care and appropriate referrals were made.

|  |  |
| --- | --- |
| PIP Participant Name: |  |
| *(if applicable)* Site(s) Chosen: |  |
| Medical/Executive Director Name (print): |  |
| Medical/Executive Director Signature: |  |
| Date: |  |