

PLEASE READ AND COMPLETE ALL SECTIONS OF THIS FORM.

Section Heading

Home Care Hospice Care Management

Other _____ Please consult your Sales Representative for other sections

Please enter your information exactly as you want it to appear in the guide.
If you have questions about this form or need assistance, please call us at **800-869-9549**.

Name of Company _____

Street Address _____

Check here if you do not want the street address to appear in print.

City _____ State _____ Zip _____

Phone(s) _____

County(s) covered by your service _____

If Home Care Medical Non-Medical Licensed Y / N

Optional Information

E-mail _____

Web Address _____

Private Pay Rates _____

Additional information _____

Circle ALL that apply.

*Medicaid **Medicare The Joint Commission Accredited
NP (Non-participating in Medicare or Medicaid) VA (Veterans Administration Contract)

Circle ONLY services that apply.

- | | |
|---------------------------------|------------------------------------|
| CM - Care Management | PAL - Palliative Care |
| COM - Companion Care | PAS - Personal Assistance Services |
| DME - Durable Medical Equipment | PM - Pain Management |
| GER - Geriatric Assessment | PT - Physical Therapy |
| HC - Home Care | PVT - Private Duty |
| HHC - Home Health Care | RHB - Rehabilitation |
| HOS - Hospice Care | RN - Registered Nurse |
| IV - Intravenous Therapy | RT - Respiratory Therapy |
| MED - Medically Complex Care | ST - Speech Therapy |
| MEM - Memory Care | WC - Wound Care |
| MM - Medication Management | Other - _____ |
| OT - Occupational Therapy | Other - _____ |

If you have purchased a listing with graphic, please submit the color photo or logo you wish to use. Keep in mind that it will be reduced to approximately one inch wide in the printed guide, so a simple, uncluttered image will work best.

ACTUAL SIZE
OF PHOTO
WHEN
PRINTED

Please use the space below to write a short description of the services you wish to advertise. See sample listing below left.

Description text must be limited to **100 words**. If you type in the space below, approximately 7 lines of type can be used.

If you have purchased a **Listing with Graphic**, the character count must be limited to **75 words**. If you type in the space below, approximately 5 lines of type can be used.

If the text is too long, it will be edited to fit. The complete listing will be typeset and you will receive a proof for your approval before publication.

Enter your description text here, attach on a separate sheet, or use our online form available at: <http://www.newlifestyles.com/listing-form/hc>

This is a sample of how the listing will appear in New LifeStyles.
This is the exact type size, style and format that will be used.

NAME OF YOUR COMPANY
Street Address OR Tag Line
Your City, XX 12345
(555) 123-0000
info@yoursite.com
www.yoursite.com

CM, HC, HHA, HOS
Please call for rates and a brochure.

(Ad on page 4)

ABC Care is your resource for care in the home. We can help you keep the ones you love at home for as long as they want to stay there. We care for all ages and provide a full range of services from caregivers/companions who can assist with all activities of daily living to skilled nursing and therapies. We can also help you coordinate the medical needs such as equipment, supplies and other medical services. Our caregivers are carefully screened, licensed and bonded for your peace of mind. Call us for a **free** assessment to help you evaluate your options and get the care that fits your needs.