

**Directions for Philips Lifeline Care Plan Agreement:**

Please complete the following:

- Phone numbers (household if applicable and mobile)
- First Name, Last Name
- Date of Birth
- Gender
- Street Address, City, State, Zip
- Township and County
- Central Dispatch Phone Number
  - Sawyer: (715) 634-0318
  - Washburn: (715) 468-4720
  - Douglas: (715) 394-4432
  - Bayfield: (715) 373-6120
  - Ashland: (715) 682-7023
- Hidden Key Location – this is if law enforcement is needed and the door is locked. If they use force entry, you will be responsible for any costs of damages.
- Drug Allergies, if any
- Medical Conditions – examples: diabetes, heart, high blood pressure, etc.
- Household Warnings – help alert those who may be called to help – examples: security system, dog (include name), etc.
- Responders – individuals who can come to help you instead of emergency services. Make sure to get permission prior
  - Name (First, Last), Family Relation, and Phone Number
- Notify – individuals who are unable to help you due to significant distance but want to know what is going on.
  - Name (First, Last), Family Relation, and Phone Number
- Primary Physician
- Third Party Notify – Not necessary, but may be used to notify your medical provider, caregiver, or agency by a faxed incident report. Again, ask permission.
- Preferred Hospital
- Payer Information – List the individual or agency name that is responsible for payment of Lifeline system. Acceptable methods of payment include check or automatic withdrawal.
- Signature of Subscriber (and, if different, Payer)

**Directions for “How Lifeline Works”:**

This is the Terms and Conditions of the Lifeline Monitoring Service. By signing the Care Plan Agreement, you are also agreeing to the terms of the “How Lifeline Works” document.

- Read document thoroughly

**Directions for GoSafe/ HomeSafe Wireless Addendum:**

This is the Terms and Conditions of the Lifeline Mobile Monitoring Service.

- Only necessary for GoSafe and Wireless Systems
- Read document thoroughly
- Signature of Subscriber (and, if different, Payer)

**Directions for Auxiliary Lifeline System Lease Agreement:**

This is the Terms and Conditions of the Hayward Area Memorial Hospital Auxiliary and includes lease of equipment, maintenance of equipment, and payment of equipment.

- Complete the following:
  - Subscriber (First/Last Name of user)
  - Phone
  - Address
- Check box to indicate Monthly Charge
- Aware of Installation Fee
- Check box to indicate Payment method
- Read document thoroughly
- Signature of Subscriber (and, if different, Payer)

**Directions for Direct Debit Authorization:**

- Complete blank areas appropriately
- Attach voided check
- Signature of payer

**\*\*\*Mail or Fax all completed forms to Shauna Ruud, Lifeline Coordinator, or hand deliver to Hayward Area Memorial Hospital front desk\*\*\***



**Hayward Area  
Memorial Hospital  
& Water's Edge**

*Right here in the place we love.*

**Ann Kozak, Lifeline Coordinator**  
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**➡ (More directions on reverse side) ➡**