

**NOTICE OF ELECTION
OF HOSPICE BENEFIT**

I (*patient name*), _____ DOB: _____

Right to Immediate Advocacy:

- As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagree with decision of hospice agency or items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions. Please call your QIO for an appeal or questions: Livanta (888) 524-9900.

Right to Request Medicare “Patient Notification of Hospice Non-Covered Items, Services, and Drugs:

- As a Medicare beneficiary who elects to receive hospice care, you have the right to request at any time, in writing, the “Patient Notification of Hospice Non-Covered Items, Services, and Drugs” addendum that lists conditions, items, services, and drugs that the hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the hospice.
- If you provide written notification within 5 days of your hospice election, Center for Hospice Care must provide this form to you within 5 days of your request. If you provide written request for this form at any point after the first 5 days of the start date of hospice care, Center for Hospice Care must provide this form within 3 days of your request.

Patient/Family received information on the “Patient Notification of Hospice Non-Covered Items, Services, and Drugs.

Patient/family signature: _____ Date: _____

Unable to obtain signature for “Patient Notification of Hospice Non-Covered Items, Services, and Drugs due to:

Agency signature: _____ Date: _____

CHC Use Only:
CHC MD/DO/NP NPI: _____ Attending NPI: _____
Address: _____