

HOSPICE ELECTION STATEMENT



I, (Patient Name) _____, choose to elect my hospice benefit and receive services thru Hospice & HomeCare of Reno County. This agency offers hospice care as a certified Medicare/Medicaid hospice provider for those who have a terminal illness and who are no longer seeking curative measures, rather palliation of symptoms, caregiving support and goal driven care.

Hospice Philosophy

I acknowledge that I have been given a full explanation and have an understanding of the purpose of hospice care. Hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both myself and my family/caregivers.

Effects of a Medicare Hospice Election

I understand that by electing hospice care under the Medicare Hospice Benefit, I am waiving (give up) all rights to Medicare payments for services related to my terminal illness and related conditions. I understand that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected. I acknowledge that I will be financially responsible for the cost of care related to my terminal illness that is not approved by the hospice interdisciplinary team and part of my plan of care. I understand that services not related to my terminal illness or related conditions will continue to be eligible for coverage by Medicare.

- Hospice services may include but not limited to: skilled nursing, medical social work, spiritual and bereavement counseling, home health aides and homemakers, volunteers, physical, occupational, and speech therapy, dietary counseling, physician services, medical supplies, durable medical equipment and OTC/prescription medications.
- Level of care is determined on the patient's medical necessity, hospice provides Routine HomeCare, Respite Care, Inpatient Care, and Continuous Care.
- The Medicare hospice program consists of two 90 day periods and unlimited 60 day periods if no revocations or discharges occur. I will use the benefits in the above order.
- I may discontinue hospice care at any time by completing a revocation statement. If I revoke during a benefit period. I lose the remaining days in that benefit period. I may, however, re-elect at any time when I am eligible.
- I can change from one hospice to another, if I wish to do so. I will specify a date to discontinue care from Hospice & Homecare of Reno County, the name of the hospice from which I wish to receive care, and the date care will start. In changing to another hospice program, I will not lose any benefit days; I may change hospices only once during each benefit period.

Right to choose Attending Physician

I understand that I have a right to choose my attending physician to oversee my care. My attending physician will work in collaboration with the hospice agency to provide care related to my terminal illness and related conditions:

- I do not wish to choose an attending physician.
- I wish to choose my attending physician. Physician Name: _____

Effective Date for hospice care to begin is: _____

(Patient or Legal Representative Signature) _____ (Date)

(Relationship) _____ (Agency Staff Signature) _____ (Date)