

**Patient Request for Notification of Hospice Non-Covered Items, Services,
and Drugs**

I understand that I 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 my terminal illness and related conditions, and that will not be covered by the hospice.

The Hospice will furnish this notification within five (5) days, if requested when the election statement is signed, or within 72 hours (3 days) if requested during the course of hospice care. Additionally, if there are changes to the Hospice plan of care after the original request that indicate a new illness or condition has arisen, the Hospice will issue an updated addendum to me (or representative) reflecting whether or not items, services, and supplies related to the new illness or condition will be provided by the Hospice.

I am requesting, in writing, that the Hospice furnish a copy of the above described addendum. My written request is set forth on this date: _____. The following box checked indicates the point in time I submitted the written request to the Hospice, and how long the Hospice has in turn to furnish the requested addendum.

I submit my request in writing on the effective date of hospice election (or the start of hospice care as some may refer to it). I expect my request to be fulfilled within five (5) days of the written date above.

or

I submit my request in writing at any point after the effective date of hospice election (or the start of hospice care). I expect my request to be fulfilled within 72 hours (3) days of the written date above.

Signature of Beneficiary/Patient's Representative

Date

Representative's Legal Authority (e.g. health care power of attorney or guardian)

Signature of Witness/Hospice Representative

Date