



Hospice Election of Benefits



I choose admission to the Hospice Program of Hospice of Palm Beach County/ Hospice of Broward County, Inc. and elect Hospice to provide for my care under the Medicare/Medicaid Benefit. I understand hospice care is palliative in nature rather than curative as is relates to my terminal illness.

I understand the Medicare Benefit takes the place of Medicare Part A for the payment and treatment of services for my terminal illness.

INSURANCE COVERAGE

I hereby authorize payment be made on my behalf directly to the Hospice for health insurance benefits otherwise payable to me for the professional or medical expense benefits allowable under my current insurance policy.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. I understand I may be responsible to the Hospice for any balance of service charges over and above this insurance payment.

- The Medicare Benefit consists of two consecutive 90-day periods and unlimited 60-day periods. I will be evaluated by the clinical team prior to the end of each benefit period for my continued eligibility.
I may change hospices only once during the benefit period without losing any benefit days.
I am responsible for the cost of care for my terminal illness if I seek care beyond what is considered medically necessary and is not part of the hospice plan of care.
If I am eligible for Medicare or Medicaid hospice benefits, all costs will be paid under these programs and I will have no financial obligation.
If I am not eligible for Medicare or Medicaid hospice benefits, but I have hospice benefits under a commercial medical insurance policy, I will be responsible for all or a portion of those costs not paid under the policy, i.e., deductibles, co-payments, and costs that exceed policy limits.
Insurance plans other than Medicare/Medicaid may define other coverage limits for my terminal illness.
If I am not eligible for Medicare or Medicaid hospice benefits and I have no commercial insurance coverage, I will be responsible for all or a portion of the cost for hospice services based on a financial assessment to be performed on me and/or my family.

FOR MEDICARE/MEDICAID RECIPIENTS ONLY

- I understand in accepting the Medicare/Medicaid Hospice Benefit, I waive my rights to regular Medicare/Medicaid benefits except for the payments to (1)my attending physician and (2) treatment for medical conditions unrelated to my terminal illness.
I understand I may revoke the Hospice Benefit at any time. This revocation of the Medicare/Medicaid hospice benefit must be in writing. All previously held Medicare/Medicaid benefits are fully restored immediately upon my signature.
The election to receive hospice care will be considered to continue through the initial election period and through the subsequent election periods without a break in care as long as I remain in the care of hospice and do not revoke the election.

MEDICARE SECONDARY PAYOR QUESTIONNAIRE

- Are you currently working full or part-time? Yes No Is your spouse working full or part-time? Yes No
Are you entitled to Black Lung medical benefits? Yes No
Was this service for treatment of a work related injury or illness? Yes No
If YES, please provide the name and address of worker's comp agency, insurance company, and your employer.
Is this service for treatment of an illness or injury, which resulted from an automobile or other accident? Yes No
If YES, please provide the name/address and policy number of the auto or non-auto liability or no-fault insurer.
Do you have a fee service card from the Department of VA Affairs? Yes No

Acknowledging and understanding the above, I elect the:

- Medicare Hospice Benefit Medicaid Hospice Benefit—Florida Other Insurance

I authorize hospice services from: Hospice of Palm Beach County, Inc. Hospice of Broward County, Inc.
Effective (Date)

Signature of Patient or Legal Representative Date

Address of Legal Representative (if applicable) Relationship to Patient

Signature of Hospice Representative Date

Patient Name Medicare #:

Medicaid #:

Patient Label Here

CON