

## PATIENT NOTIFICATION OF HOSPICE NON-COVERED ITEMS, SERVICES, AND DRUGS

**Hospice Agency Name:** \_\_\_\_\_

**Purpose of Issuing this Notification**

The purpose of this addendum is to notify in writing, upon request, any items, services, or drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions. If you request this notification within the first five days of your care, the hospice must provide you this form within 5 days. If you request this form at any point after the fifth day of hospice care, the hospice must provide you this form within 3 days.

**Date Furnished:** \_\_\_\_\_

**Diagnoses Related to Terminal Illness and Related Conditions**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Non-Covered Items, Services, and Drugs Determined by Hospice to be Unrelated to Your Terminal Illness and Related Conditions:**

ITEMS/SERVICES/DRUGS	REASON FOR NON-COVERAGE & REFERENCES

PATIENT NAME – Last, First, Middle Initial	MEDICAL RECORD #	MEDICARE #
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**Note:** Our hospice team makes the decision as to whether or not conditions, items, services, and drugs are related for each patient. As the patient or representative, you should share this list of clinical explanation with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions. We will provide you reasons for non-coverage in language that you (or your representative) understand. If this list changes over the course of your care, our team will keep this form updated.

## 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 Immediate Advocacy if you (or your representative) disagree with the decision of the hospice agency on items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions. This is your right to ask for a "second opinion".

Please visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/locate-your-qio> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**Signing this notification (or its updates) is only acknowledgement of receipt of this notification (or its updates) and does not constitute your agreement with the hospice's determinations.**

_____ Signature of Patient/Beneficiary	Date _____ Month/Day/Year
_____ Signature of Representative (if patient/beneficiary is unable to sign)	Date _____ Month/Day/Year
_____ Signature of Primary Contact Person or Family/Caregiver (if different from Representative)	Date _____ Month/Day/Year

## HOSPICE TEAM ONLY:

If the beneficiary and/or representative declines to sign, the hospice must document below the reason the addendum is not signed and it becomes part of the beneficiary's medical record.

**Notes:**

**HOSPICE RETAINS ORIGINAL.**

Copies have been provided to:  Patient  Patient Representative  Physician  Other: \_\_\_\_\_