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## ELECTION OF HOSPICE BENEFIT

**HOSPICE ELECTION:** As a Medicare Part A, Medi-Cal or Commercial Insurance beneficiary, I hereby elect SKIRBALL HOSPICE as my sole provider of hospice care effective (date) \_\_\_\_\_.

(Note: The start of care date, also known as the effective date of the election, may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive.)

**RIGHT TO CHOOSE AN ATTENDING PHYSICIAN:** I understand that I have the right to choose my attending physician to oversee my care. My attending physician will work in collaboration with the hospice to provide care related to my terminal illness and related conditions.

- I do not wish to choose an attending physician (a hospice physician will be assigned to oversee my care)
- I acknowledge that my choice for an attending is:

_____	_____
Physician Name	NPI (if known)
_____	_____
Office Address	Phone Number

### HOSPICE PHILOSOPHY AND COVERAGE OF HOSPICE CARE

By electing hospice care under the hospice benefit, I acknowledge that:

- I was given an explanation and have a full understanding of the purpose of hospice care including that the nature of 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 me and my family/caregivers.
- I was provided information on which items, services, and drugs the hospice will cover and furnish upon my election to receive hospice care.
- I was provided with information about potential cost-sharing for certain hospice services, if applicable.
- I understand that by electing hospice care under the Medicare/Medi-Cal hospice benefit, I waive (give up) the right to Medicare/Medi-Cal payments for items, services, and drugs related to my terminal illness and related conditions. This means 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 understand that items, services, and drugs unrelated to my terminal diagnosis and related conditions are exceptional and unusual and, in general, the hospice will be providing virtually all of my care while I am under a hospice election. However, all decisions of coverage or non-coverage are made by the hospice physician and IDT assessment of medical necessities. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions continue to be eligible for coverage by Medicare under separate benefits.

