

ALLEVIATE HOSPICE CARE INC.

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

Date of Request _____ Hospice Agency _____
(Hospice must furnish this addendum within 5 days if requested at the time of hospice election and within 72 hours if requested during the course of hospice care)

Patient's Name: _____ MRN: _____

Diagnoses Related to Terminal Illness and Related Conditions (**hospice is responsible to cover all items, services and drugs**):

3.	4.
	6.

Diagnoses Unrelated to Terminal Illness and Related Conditions:

	4.
	5.
3.	6.

Non-covered items, services, and drugs determined by hospice as not related to my terminal illness and related conditions:

Items/Services/Drugs	Reason for Non-coverage

Note: The hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each beneficiary. This addendum should be shared 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.

Right to Immediate Advocacy:

As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

Visit this website to find the BFCC-QIO For your area. <https://gioprogram.org/contact-zones> or call 1-800-MEDICARE (1-800-633- 4227). TTY users can call 1-877-486-2048.

Acknowledgement of non-covered items, services, and drugs not related to my terminal illness and related conditions

The purpose of this addendum is to notify beneficiary (or representative), in writing, of those conditions, items, services, and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. I acknowledge that I have been given a full explanation and have an understanding of the list of items, services and drugs not related to my terminal illness and related conditions not being covered by hospice. Signing this addendum (or its's updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily agreement with the hospice's determinations.

Signature of Beneficiary/Representative

(Date Signed)

☐ Beneficiary is unable to sign -Reason: _____