PATIENT'S NAME: ________________________

ADDRESS ______________________________

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HOSPICE OF WARREN COUNTY
2 CRESCENT PARK WEST
WARREN, PA 16365
PROVIDER NO. 39-1551

ELECTION OF HOSPICE MEDICARE BENEFIT - INFORMED CONSENT

I ACKNOWLEDGE/UNDERSTAND THE FOLLOWING:

I understand the nature of the hospice care available through the Hospice Medicare Benefit and am aware that all treatment will be palliative rather than curative in nature. Treatment will be for management of symptoms and to provide comfort for my terminal illness of ____.

I understand there will be a hospice team providing care for me, composed of a physician, nurse, social worker, pastoral counselor, volunteer, and other disciplines that may be necessary.

I waive the right to all other benefits under the Medicare Program while I am receiving hospice benefits. Only Hospice of Warren County will be able to receive Medicare payment for care or service provided to me for my terminal illness or any other condition related to my terminal illness.

Medicare will make payment for unlimited hospice days. However, the days are broken into benefit periods to be used in this order. These periods are as follows:

First Benefit period - 90 days
Second Benefit Period - 90 days
Unlimited - 60 days

I understand that I can use standard Medicare in the usual manner to pay the bill of:

1. My doctor, if he is not an employee of this Hospice.
2. Treatment of a condition unrelated to my terminal illness (see above)

I understand that I can revoke this benefit at any time and resume regular Medicare coverage. I know I will lose any hospice days remaining in the benefit period in which I revoke.

ACKNOWLEDGING/UNDERSTANDING THE ABOVE, I AUTHORIZE HOSPICE MEDICARE COVERAGE TO BEHIND ON: ________________________________ TIME: __________

Month / Day / Year

______________________ ____

Date of Signature Signature of Beneficiary or Legal Representative

____

Relationship of Legal Representative to Beneficiary

______________________ ____

Date of Signature Witness Signature