Sample Hospice Election Statement

Completed Sample - Training Example Only

Patient Name:	Jane Doe
Hospice Agency Name:	ABCDE Hospice Services, LLC

Hospice Election

I, _____*Jane Doe*_____, choose to elect the Medicare hospice benefit and receive hospice services from ABCDE Hospice Services, LLC to begin on **03/15/2026**.

Note: The start of care/effective election date is not earlier than the date of signature and is not retroactive.

Right to Choose an Attending Physician

_____I do not wish to choose an attending physician
_____I acknowledge that my choice for an attending physician is:

Physician Full Name:	Doctor Doe, MD
Practice Name:	Doe Internal Medicine Associates
Office Address:	100 Main Street, Suite 200, Anytown, USA 00000
NPI:	1234567890
Phone:	(555) 555-1234

Hospice Philosophy and Coverage of Hospice Care

• I was given an explanation and have a full understanding of the purpose of hospice care, including that hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and is not directed toward cure.

• I was provided information on the items, services, and drugs the hospice will cover and furnish upon my election of hospice care.

• I was provided information regarding potential cost-sharing for certain hospice services, if applicable.

• I understand that by electing hospice care under the Medicare hospice benefit, I waive Medicare payment for items, services, and drugs related to my terminal illness and related conditions except through the designated hospice and my selected attending physician.

• I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual, and that the hospice generally provides virtually all care while I am under a hospice election.

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

I understand I will receive the Patient Notification of Hospice Non-Covered Items, Services, and Drugs addendum that identifies any conditions, items, services, or drugs the hospice determines are unrelated to my terminal illness and related conditions and therefore not covered by the hospice benefit. If there are changes to these determinations during my hospice care, the hospice will provide an updated addendum."

Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC-QIO)

As a Medicare hospice beneficiary, I understand that I have the right to contact the BFCC-QIO to request Immediate Advocacy if I disagree with any hospice determination.

BFCC-QIO Name:	Livanta
BFCC-QIO Phone Number:	1-877-588-1123
BFCC-QIO Website:	www.livantaqio.cms.gov

Signatures

Signature of Beneficiary:	*Jane Doe*
Signature of Beneficiary Representative:	Not Applicable
Date Signed:	03/15/2026