



HOSPICE SERVICES ELECTION FORM

West Virginia Department of Human Services
 Office of Home and Community-Based Services
 The Bureau for Medical Services
 350 Capitol Street, Room 251
 Charleston, WV 25301-3707

I. HOSPICE

HOSPICE NAME:	Place of Service: Home ___ /Hospice House ___ /NF ___
ADDRESS:	
PROV. NO:	
PERSON COMPLETING FORM:	
TELEPHONE:	FAX:

II. ACTION

ELECTION:	FIRST	SECOND	THIRD	LATER
EFFECTIVE DATE:				
DATE MEMBER EXPIRED:	DATE MEMBER DISCHARGED:		DATE SERVICES REVOKED:	

III. MEMBER

NAME:			(Sex: M F)
ADDRESS:			
(County:)			
MEDICAID NUMBER:	DATE OF BIRTH:	TELEPHONE:	
SOCIAL SECURITY NO:	DIAGNOSIS NAME:	DIAGNOSIS CODE:	
AUTHORIZED REPRESENTATIVE:			
ADDRESS:			
TELEPHONE:			

IV. ATTENDING PHYSICIAN

NAME:
ADDRESS:



HOSPICE SERVICES ELECTION FORM

TELEPHONE:	PROVIDER NO:
HOSPICE EMPLOYEE?	YES ___ NO ___

V. SIGNATURES

FOR ELECTION ONLY:

I certify that I have read (or had read to me) and understand the conditions of enrollment in West Virginia Medicaid Hospice. All questions I had about these provisions of my hospice care were answered by a hospice representative and I have received a written copy of the conditions of enrollment.

I hereby elect West Virginia Medicaid Hospice Program:

MEMBER OR LEGAL REPRESENTATIVE	DATE
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HOSPICE REPRESENTATIVE	DATE
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FOR REVOCATION ONLY:

I certify that I have read (or had read to me) and understand the terms of revocation. I understand that if I revoke West Virginia Medicaid Hospice four times, I will not be eligible to enroll again. All questions I had about revocation of my hospice care were answered by a hospice representative and I have received a written copy of the terms of revocation.

I hereby revoke my participation in the West Virginia Medicaid Hospice Program:

MEMBER OR LEGAL REPRESENTATIVE	DATE
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HOSPICE REPRESENTATIVE	DATE
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Completion of this form is required by Federal regulation. Failure to complete will result in non-payment of Medicaid Hospice benefits. Return completed form to address above or FAX to the utilization management contractor at: 1-888-298-5144. Call 1-800982-6334 with any questions.