

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

Patient Name: _____ **MRN:** _____

Hospice Agency: _____ **Date Furnished:** _____

(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.)

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

1.	4.
2.	5.
3.	6.

Diagnoses Unrelated to Terminal Illness and Related Conditions:

1.	4.
2.	5.
3.	6.

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

Note: The hospice provider makes the decisions whether or not conditions, items, services, and drugs are related to the terminal diagnosis for each beneficiary. This addendum should be shared with other healthcare providers from whom you seek items, services, or drugs unrelated to your terminal illness and related conditions to assist in making treatment decisions.

Right to Immediate Advocacy

You have the right to appeal the decision of the hospice agency on items not being covered because the hospice provider has determined they are unrelated to the individual’s terminal illness and related conditions. If you are enrolled in a managed care plan, you have the right to contact the Managed Care Ombudsman at (888) 452-8609. Email: MMCDOmbudsman@dhcs.ca.gov.

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 the beneficiary (or representative) in writing of those conditions, items, services, and drugs that hospice will not be covered because the hospice provider has determined they are unrelated to the individual’s terminal illness and related conditions not being covered by hospice.

Signing this addendum (or its updates) is only an acknowledgement of the receipt of the addendum (or its updates) and is not necessarily in agreement with the hospice provider’s determinations.

Beneficiary/Representative Signature (Date signed)

The beneficiary is unable to sign (reason):

Witness Signature (Date signed)