

## HOSPICE SERVICES

### HOSPICE ELECTION FORM

**West Virginia Department of Health and Human Resources**  
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

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:

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MEMBER OR LEGAL REPRESENTATIVE DATE

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HOSPICE REPRESENTATIVE: DATE

#### 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:

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MEMBER OR LEGAL REPRESENTATIVE DATE

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HOSPICE REPRESENTATIVE DATE

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 1-800-982-6334 with any questions.