

Notice of Hospice Election or Discharge for Dual Eligible Beneficiaries

Hospice providers must notify the Division of Medicaid's UM/Q10 within five (5) calendar days of the hospice election and discharge date for dual eligible beneficiaries.



Choose One of the Following:

The beneficiary has chosen to elect the Hospice benefit.

Election date: _____

The beneficiary has been discharged from Hospice.

Discharge date: _____

Beneficiary Information	
Name:	Date of Birth:
Address:	Medicaid ID Number:
	Medicare Number:
Contact Number:	Social Security Number:
Name of Guardian/Legal Representative: Relationship:	
Name of Beneficiary's Attending Physician:	Attending Physician Contact Number:
Hospice Provider Information	
Name:	Medicaid Provider Number:
Address:	NPI Number:
	Contact Number:
County in which services will be provided:	
Nursing Facility, if applicable:	Nursing Facility Medicaid Number:

Signature of Beneficiary or Guardian/Legal Representative

Date