

Notice of Hospice Election or Discharge for Dual Eligible Beneficiaries

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



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:

Choose One of the Following:

Hospice Election	
_____ The beneficiary has chosen to elect the Hospice benefit.	Election date: _____
_____	_____
Signature of Beneficiary or Guardian/Legal Representative	Date

Hospice Discharge
_____ The beneficiary has been discharged from Hospice.
Discharge date: _____