Wellstar HEALTH SYSTEM

Facility Notification of the Election of Hospice Benefit

Name _____ Date of Birth _____

Hospice MR# _____ Effective Date _____ Hospice Diagnosis _____

Facility _____ Entered Facility on: _____

***SNF—Please formally discharge from your facility using DMA-59 (Hospice Certification and Election).**

Nursing Home Room and Board Reimbursement Source

A. ____ Dual Coverage. Hospice Medicare/Medicaid. Room and Board reimbursed at 100% of Medicaid daily rate.

Patient Liability (select one)

[ ] Nursing Home or [ ] Hospice to collect patient liability from patient/family.

B. ____ Medicaid Only. Room and Board reimbursed at 100% of Medicaid daily rate.

Patient Liability (select one)

[ ] Nursing Home or [ ] Hospice to collect patient liability from patient/family.

C. ____ Private Pay. Patient/Family responsible for room and board.

D. ____ Private Insurance. Per guarantor.

E. ____ Skilled Nursing/Hospice Benefit (reason for hospice election and Skilled Nursing are unrelated). Reimbursement as per payer source above. SNF to include 07 code in billing.

- Patients who have a Medicaid application pending will be considered a Private Pay Resident until Medicaid is approved.
- Medication related to the terminal diagnosis may be billed directly to us by the facility pharmacy.
- Bill Wellstar Community Hospice for additional treatments, labs and any supplies not a part of the regular SNF room and board change. These items must be approved in the Collaborative Hospice Plan of Care.

Change in Level of Care (select one)

A. _____ Nursing Home Resident was [ ] discharged [ ] chose revocation from hospice on _____
Date

Change guarantor to other payor source as arranged with resident or family.

B. _____ General inpatient in contracted facility. _____ _____
Date of Admission Date of Discharge

C. _____ Respite care. _____ _____
Date of Admission Date of Discharge

Please contact Wellstar Community Hospice Financial Department for any questions at (770) 732-6710

Hospice Representative Date

Facility Representative Date

Patient Representative Date