

Hospice Patient Status Change

The Status of _____ / _____ who has been
Patient Name Member ID#

receiving hospice services from _____
Hospice Agency

_____ since _____ has changed as indicated below.
Provider # Date of Election

As of _____
Date

- Patient's Medicare benefits have been exhausted
- Patient has become eligible for Medicare benefits
- Patient is a resident at _____
Nursing Facility
- Patient has returned to a home setting and is no longer a resident at

Nursing Facility

- Patient is in long term/inactive status due to improvement in condition.
_____ will continue to follow
Hospice Agency

patient, but active hospice benefits are temporarily discontinued. Patient may return to active status at any time a change in condition necessitates with no loss of remaining benefit period(s).

- OTHER (Please describe any pertinent change(s) in patient status.)

Hospice Agency Representative Signature