HOSPICE & COMMUNITY CARE
A Program of Choices Healthcare

HOSPICE & COMMUNITY CARE
685 Good Drive, P.O. Box 4125
Lancaster, PA 17604-4125
(717) 295-3900
FAX: Administration (717) 391-9582
Inpatient Center (717) 735-9674
Homecare (717) 391-9573

TO: BILLING DEPARTMENT

FACILITY NAME: _____

FAX #: _____ DATE: _____

RE: NURSING HOME BILLING ARRANGEMENTS

Patient: _____ DOB: _____ SSN: XXX-XX-

____ I. ELECTION OF HOSPICE MEDICARE/MEDICAID BENEFIT

Effective Date: _____ Hospice Diagnosis: _____
Bill Hospice & Community Care for:

- Medical supplies
- Medical equipment
- Medications related to the hospice diagnosis (provided/billed via contractual relationship with Health Direct Pharmacy Services/Williams Apothecary or Wellspan Pharmacy)
- Other services related to the hospice diagnosis

____ II. NON-ELECTION/REVOCATION OF HOSPICE MEDICARE/MEDICAID BENEFIT

Effective Date: _____ Hospice Diagnosis: _____

- Hospice is not billed for any services or supplies from facility.
- Hospice and patient have a direct agreement for Hospice support.

_____ III. CHANGE IN HOSPICE DIAGNOSIS

Effective Date: _____ New Hospice Diagnosis: _____

_____ IV. HOSPICE RESPITE

Beginning Date: _____ Ending Date: _____
Bill Hospice & Community Care for:

- Contractual rate for room and board
- Medical supplies
- Medical equipment
- Medications related to the hospice diagnosis (provided/billed via contractual relationship with Health Direct Pharmacy Services/Williams Apothecary or Wellspan Pharmacy)
- Other services related to the hospice diagnosis

_____ V. OTHER

Please contact _____ at _____with questions