



HOSPICE & COMMUNITY CARE

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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**

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