

GILCHRIST HOSPICE CARE
11311 McCormick Road, Suite 350
Hunt Valley, MD 21031
(443) 849-8200

CHANGE OF HOSPICE

I, _____ wish to discontinue Hospice care from
_____ on _____

As of _____, I wish to receive Medicare Hospice care from
_____.

Date of original Medicare Hospice Benefit Election Period _____.

I understand that no benefit days will be lost by changing to another hospice program. I may change hospices only once in each benefit period.

Date

Signature of patient or legal representative

Date

Signature of witness

White-Medical Records Yellow-Accounting Pink-Patient