Medicaid Hospice Request Form

Date of Submission
7/14/2022

Request Number
39

Provider Name
Harford Hospice

Physician Provider #
789456100

Contact Person
Jane Sacco

Phone
(410) 767-6771

Email
jane.sacco@maryland.gov

Recipient Name
George Washington

Patient ID Number

Medical Assistance #
74185296300

This number has been verified through EVS
Yes

Enrollment Date
7/1/2022

Diagnosis
G.31

Living in a Nursing Facility
Yes

Name of Nursing Facility
Harford Healthcare Center

Is this a resubmission or correction?
Neither

Please check which action(s) is/are being requested and complete all fields in the area(s) indicated.

Initial Enrollment

Yes

Initial

Effective Date of Enrollment

7/1/2022

I certify that a copy of the Hospice Election Declaration is on file.

Yes

I certify that a copy of the Long Term Care Patient-Medicaid Hospice Election Report has been sent to the nursing facility and that receipt has been documented.

Yes

Change in Hospice Care Provider

No

Change in Recipient Resources

Yes

Recipient Resource Change

Please upload Notice of Eligibility.

Wild Cat.jpg
4.7 KB

Effective Date	New Amount
7/1/2022	$500.00

Effective Date	New Amount

Effective Date	New Amount

Effective Date	New Amount

Effective Date **New Amount**

Revocation of Hospice Care Election

No

Termination of Hospice Care due to Death of Recipient

No

Termination of Hospice Care Election for Cause

No

Enter any additional information you believe pertinent to this request.

I hereby certify that the above statements are true to the best of my knowledge.

Signature

jane sacco