

TRICARE/CHAMPUS BENEFIT ELECTION FORM

(PLEASE PRINT)

PATIENT NAME:	TRICARE CARD NUMBER:
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I, (Patient's Name) _____

Choose to receive hospice care from Tidewell Hospice.

I acknowledge the following:

1. Supportive palliative care, rather than curative care, is provided by Tidewell. Tidewell's goal is to reduce pain and other symptoms and to provide emotional and spiritual support.
2. By choosing Tidewell Tricare benefits, you are forfeiting payment for other Tricare coverage. Only Tidewell Hospice will be able to receive Tricare payment for care or services provided relative to your terminal illness.
 - a. Tricare will pay your attending physician as they always have if your physician is not a Tidewell employee or is not receiving payment from Tidewell.
 - b. Services not related to your terminal illness will be covered by traditional Tricare.
3. The Tidewell Tricare Benefit consists of two 90-day benefit periods and an unlimited number of subsequent 60-day periods.
4. You can choose not to continue Tidewell care at any time by completing a revocation statement.
5. Should you secure care outside the Tidewell plan of care or without the involvement of Tidewell Hospice and Palliative Care, you revoke Tidewell benefits and assume liability for those services.
6. To transfer to another hospice tricare program, you must first confirm availability of service and acceptance. Tidewell Hospice must be notified of your wishes to allow for coordination of the transfer.

I hereby authorize the release of information and appropriate medical records to or from any hospice, skilled nursing facility, hospital, home health agency or private physician. I also authorize release of pertinent medical information to any source of third party reimbursement.

Acknowledging the above, I authorize Tidewell Tricare coverage from Tidewell Hospice

to begin on (Month/Day/Year) _____

Date of Signature (must not post date the above date)	Signature of Patient or Legal Representative	Relationship
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Date	Witness	Relationship
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If patient is unable to sign, state reason: _____