

Patient Name: _____

Medication Coverage

Chart Number: _____

1. Hospice will provide and pay for medications related to your pain and symptoms from your hospice conditions.

These medications have the fewest bad side effects and treat your symptoms to help you feel better.

2. Medications NOT related to your hospice condition. Get these medications and pay for them the same way you did before having hospice.

3. Medications that may be related to your hospice condition, but hospice will NOT pay for. If you have a Medicare drug plan ("Part D") and choose to take these medications, you will have to pay for them yourself. Your insurance plan or drug plan will not help you. *You will have to pay the FULL COST, not just a "co-pay."*

MEDICATION: _____

- Hospice offered a similar medication. You decided to keep using your choice of medication.
- You are taking another medication like this one; this medication is not needed.
- This medication has harmful side effects—hospice does not recommend taking this medication.
- This medication is not going to help you feel better.
- This medication tries to prolong your life. It does not help you feel better. It is not part of hospice care.
- This medication is a "specialty medication." It is NOT covered by Hospice

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Patient/Family signature:

Date:

Hospice Staff signature:

Copy provided to facility YES NO N/A