

Notice of Hospice Termination and Revocation



Member Name: _____

Member ID #: _____

An AgeRight Advantage member or Representative may revoke the election of hospice care at any time in writing; a hospice cannot revoke a patient's election.

Required information:

- This signed notice which states the above AgeRight Advantage member revokes the election of the coverage of hospice care for the remained of the benefit period.
- Revocation Effective Date*

*Effective date may be no earlier than the date the revocation is made

Verbal revocations are not acceptable

Requested Effective Date of revocation/termination: _____

Your Signature: _____ Date: _____

Please Scan and email this form to HospiceNOE@allyalign.com