

# Notice of Hospice Termination and Revocation



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Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

An ProCare 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 ProCare 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](mailto:HospiceNOE@allyalign.com)**