Sunrise Haven

Election for Medicare Benefits in Religious Non-medical Health Care Institutions (RNHCI)

I hereby elect to receive Medicare Benefits for Christian Science nursing services furnished in Religious Non-medical Health Care Institutions.

I am conscientiously opposed to acceptance of nonexcepted medical treatment.*

I acknowledge that acceptance of nonexcepted medical treatment* is inconsistent with my sincere religious beliefs.

I acknowledge that receipt of nonexcepted medical treatment* constitutes a revocation of this election and may limit my further receipt of services in a Religious Non-medical Health Care Institution.

I acknowledge that this election may be revoked by submitting a written statement to the Centers for Medicare and Medicaid Services.

I acknowledge that revocation of this election will not prevent or delay access to medical services available under Medicare Part A in facilities other than Religious Non-medical Health Care Institutions.

Executed this _____ day of _____, _____.

_____ _____
Signature of Patient Name of Patient

_____ _____
Signature of Legal Representative **Patient's Medicare Number**

_____
Patient's Social Security Number

*Nonexcepted medical treatment means health care or treatment furnished by or under the direction of a licensed physician, for which Medicare payment is requested, unless such care or treatment is received involuntarily or required under Federal, State or local laws.

STATE OF WASHINGTON)
) ss
COUNTY OF KING)

On this day personally appeared _____ to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.
Given under my hand and official seal this _____ day of _____, _____.

_____
NOTARY PUBLIC in and for the State of Washington,
Residing at _____.
My commission expires: _____.