

**ELECTION FOR MEDICARE BENEFITS IN
RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS**

I hereby elect to receive Medicare benefits for nursing services furnished in religious non-medical health care institutions.

I am conscientiously opposed to acceptance of non-excepted medical treatment.*

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

I acknowledge that receipt of non-excepted 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 Healthcare Financing Administration.

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 in *triplicate* this _____ of _____, _____.

Signature of Patient

Name of Patient (Print)

Signature of Patient's Legal Representative

Patient's Medicare Number

Patient's Social Security Number

**Non-excepted 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.*