



## HOSPICE COMMUNICATION FORM

**Please Fax To (952) 853-8712 within one business day of hospice election**

**For Questions Call (888) 467-0774**

<b>Member Information</b>	
<b>Member Name:</b>	<b>DOB:</b>
<b>Member ID #:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ordering MD Name &amp; Clinic:</b>	<b>Hospice Election Date:</b>
<b>Diagnosis:</b>	<b>DX Code:</b>

<b>Hospice Agency Information</b>	
<b>Hospice Agency Name:</b>	<b>Form Completed By:</b>
<b>Address:</b>	<b>Tax ID #</b>
<b>Phone:</b>	<b>Fax #</b>

<b>Hospice Change in Election</b>	
<b>Revocation Date:</b> _____ <small>(This member has elected to revoke their hospice care)</small>	<b>Term Date:</b> _____ <small>(This hospice provider has terminated the member's care)</small>
<b>Member's Date of Death:</b> _____	

**Prior Authorization** is required for Continuous care, Respite care requests, or Hospice facility admissions. Contact Quality Utilization Improvement: Phone (888)-467-0774; Fax (952) 853-8712. Benefit Inquiries - Contact Member Services: phone 888-324-2064.