



3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112
 Phone: 405-717-8879 or 800-543-6044, ext. 8879
 Fax: 405-949-5459 or 405-949-5501

HOSPICE REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing Provider: _____ Date: _____

Billing Address: _____

TIN: _____ Contact Person: _____

Phone: _____ Fax: _____

Patient: _____ DOB: _____

Member: _____ Member ID: _____

HCPCS Code(s): _____ Diagnosis Code: _____

CPT Code(s): _____

Comment: _____

Physician's Name: _____

Statement of life expectancy: _____

Date of death (if applicable): _____

Inpatient

1 most recent clinical note must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ HHA _____ Frequency: _____ W _____, _____ W _____

SW _____ Frequency: _____ W _____, _____ W _____ OTHER _____ Frequency: _____ W _____, _____ W _____

START DATE _____ END DATE _____

2 most recent clinical notes must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ HHA _____ Frequency: _____ W _____, _____ W _____

SW _____ Frequency: _____ W _____, _____ W _____ OTHER _____ Frequency: _____ W _____, _____ W _____

START DATE _____ END DATE _____

3 most recent clinical notes must accompany request:

PLEASE LIST TOTAL # OF SERVICES AND FREQUENCY REQUESTED FOR EACH SPECIALTY (EX: 1 W 1, 2 W 2)

SNV _____ Frequency: _____ W _____, _____ W _____ HHA _____ Frequency: _____ W _____, _____ W _____

SW _____ Frequency: _____ W _____, _____ W _____ OTHER _____ Frequency: _____ W _____, _____ W _____

START DATE _____ END DATE _____

**** All information is required for review. Information provided is private and confidential. ****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.