

# HEALTHCHOICE

3545 NW 58<sup>th</sup> St., Ste 500, Oklahoma City, OK 73112  
Phone: 1-405-717-8879 or toll-free 1-800-543-6044  
FAX: 1-405-717-8947 or 1-405-717-8935

## 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: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

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

ICD Code(s): \_\_\_\_\_

HCPCS Code(s): \_\_\_\_\_ CPT Code(s): \_\_\_\_\_

Comment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Statement of Life Expectancy: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_

INPATIENT SERVICES

### #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 \_\_\_\_\_

### # 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 \_\_\_\_\_

### # 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 \_\_\_\_\_

**\*\*All information on this form is required for review. Information 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 at 1-405-416-1800 or toll-free 1-800-782-5218.

**Medicare Patients:** If HealthChoice is the Medicare supplement insurance, authorization from HealthChoice is not required. Please contact Medicare.