



3545 NW 58th, Suite 500, Oklahoma City, OK 73112
 Phone: 1 (800) 543-6044 or (405) 717-8879
 FAX: (405) 717-8947 or (405) 717-8935

HOSPICE REQUEST

- This information is private and confidential.

Home Health Agency: _____ Date: _____
 Mailing Address: _____ City, State, Zip: _____
 Contact Person: _____
 Phone: _____ Fax #: _____
 Patient: _____ DOB: _____
 Member: _____ Member ID #: _____
 Diagnosis & Summary of Care: _____

 Physician's Name: _____
 Orders: _____

INITIAL REQUEST CERT MET / PENALTY APPLIES (Please Fax All Initial Evaluation When Completed)

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____ PT _____
 OT _____ OTHER _____
 STATE DATE _____ ENDING DATE _____

EXTENSION # 1 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____ PT _____
 OT _____ OTHER _____
 STATE DATE _____ ENDING DATE _____

EXTENSION # 2 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____ PT _____
 OT _____ OTHER _____
 STATE DATE _____ ENDING DATE _____

EXTENSION # 3 CERT MET / PENALTY APPLIES

PLEASE LIST TOTAL # OF SERVICES REQUESTED FOR EACH SPECIALTY

SNV _____ PT _____
 OT _____ OTHER _____
 STATE DATE _____ ENDING DATE _____

*****FOR HEALTHCHOICE USE ONLY (Do Not Write Below This Line)*****

COMMENTS: _____

NOTE: These benefits are applicable only if the patient is eligible for the Employees Group Insurance program (HealthChoice), and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.
MEDICARE PATIENTS: If HealthChoice is supplement, all services requested must initially be approved by Medicare. Rev. Dec 2009