

Hospice Medical Ancillary Information

Purpose: For a Hospice Agency to notify Hewlett Packard Enterprise **within 7 business days** of a new hospice enrollment or changes in a recipient's hospice status (e.g., Nursing Facility admission).

Attachments: No attachments are required.

Fax this form to: (866) 480-9903 For **questions** regarding this form, call: (800) 525-2395

SUBMISSION DATE <i>(date <u>this</u> form is submitted):</i>	
HOSPICE AGENCY INFORMATION	
Name:	NPI:
Address:	
Phone:	Fax:
RECIPIENT INFORMATION	
Recipient Name <i>(last, first, MI):</i>	
Address <i>(include city, state and zip):</i>	
Recipient ID:	Phone:
NOTIFICATIONS AND CLINICAL INFORMATION	
Hospice Diagnosis:	ICD-10 Code(s):
Hospice Enrollment Date:	
ITEMS RELATED TO TERMINAL ILLNESS (COVERED BY THE HOSPICE PROGRAM)	
List the name, dosage and form of all medications:	
List all equipment, supplies, O2, etc.:	
List the therapy type and frequency being provided:	
ITEMS <u>UNRELATED</u> TO TERMINAL ILLNESS	
List the name, dosage and form of all medications:	
List all equipment, supplies, O2, etc.:	
List the therapy type and frequency being provided:	
SUBMITTER INFORMATION	
Signature of Person Completing this Form:	
Date:	Phone: