



Hospice Notification Worksheet

Fax notification to: 888-633-4052

Member Information		
Member Name:	Member ID (PMI) Number:	Date of Birth: (MM/DD/YYYY)
Admit Date/Certification Begin Date (MM/DD/YYYY):		Discharge Date/Certification End date: (MM/DD/YYYY):
Other Payer:		
Primary Care Provider Information		
Provider Name:	Provider NPI:	Provider TIN:
Clinic:	Address:	
Hospice Facility/Provider		
Name:		Address:
Phone Number:	Facility NPI:	Facility TIN:
Place of Service		
<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Home <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Other		
Hospice Diagnosis Code:		Procedure/Service Code:

Please contact the Provider Contact Center at 888-633-4055 for questions related to claims. Please contact Utilization Management at 888-633-4051 for questions related to the notification worksheet.

\*\*If your facility has never billed South Country Health Alliance, you will need to submit additional documents with this form. These documents can be found on our website at https://mnscha.org.

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