



PO Box 9463
MS 21103R
Minneapolis MN 55440-9463

HOSPICE COMMUNICATION FORM

Please Fax To (952) 853-8746 within next business day of hospice election

Patient Information	
Member Name:	Member DOB:
HealthPartners ID #:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ordering MD Name & Clinic:	Hospice Election Date:
Diagnosis:	DX Code:

Hospice Agency Information	
Hospice Agency Name:	Form Completed By:
Address:	Tax ID #
Phone:	Fax #

Hospice Change in Election	
Revocation Date: _____ (This member has elected to revoke their hospice care)	Term Date: _____ (This hospice provider has terminated the member's care)
Member's Date of Death: _____	

Benefit Inquiries - Contact HealthPartners Member Services: phone 952-883-5000 or 952-883-7979.