



Hospice Request Form

After completing this form, please submit by faxing it to 1-559-243-7012 or emailing it to UMFax@healthcomp.com. **Please include this page in front of all your medical documentation.**

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as: Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. Mountain Health Co-Op reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of Request_____ Scheduled Start Date_____ End Date_____

☐ Routine ☐ Urgent If urgent, give reason_____

Number of Pages_____ Referral Number_____

Urgent requests will be completed in 72 hours and standard requests will be completed in 14 calendar days when all required documentation is received. To provide better patient care and to avoid delays, submit a fully completed form and complete clinical documentation. Failure to submit required documentation may result in processing delays, the inability to establish medical necessity, and possibly a denial.

Patient Name_____ DOB_____ ID Number_____

ICD-10	Home Health Service Code	Number of Units	Frequency	Start Date	End Date

Referring Physician/Agency_____ Phone_____

Contact Name_____ Contact Phone_____



Full Address_____

Service Rendering Facility_____

Service Rendering Physician_____

Information Sheet

Please also submit completed information below for applicable specific service requested.

Initial Request

- ☐ Dr. Face to face Certification Terminal Illness done less that 90 days prior to admission
Signed by MD
- ☐ Signed Hospice consent/ Patient election
- ☐ Skilled nursing admit summary
- ☐ Plan of Care
- ☐ Medical clinical documentation of medical necessity for Hospice Care

Ongoing Request Starred Items Above Plus

- ☐ Plan of Care
- ☐ MD Term of Illness