



Corporate Office:
8170 33rd Avenue South
Bloomington, MN 55425
healthpartners.com

Mailing Address:
P. O. Box 1309
Minneapolis, MN 55440-1309

HOSPICE COMMUNICATION FORM

Please Fax To (952) 853-8712 within next business day of hospice election

For Questions Call (952) 883-6333

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: CentraCare Health Home & Hospice	Form Completed By:
Address: 110 2nd St S Suite 110 Waite Park, MN 56387	Tax ID # 410695596
Phone:	Fax # 320-240-3266

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: _____	

Prior Authorization for Continuous hours, Respite requests, or Hospice facility admissions: Contact HealthPartners QUI: phone (952) 883-6333.

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

Coverage Criteria is posted on HealthPartners.com