FIDELIS CARE®

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Hospice Auth Request Form

*Indicates a required field

Requirements: *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics. Notification is required for any date of service change.* ***Expedited Requests:*** If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call **1-888-453-2534.**

Fax completed form to: **1-888-339-6339**

Requestor Name: _____ Fax*: _____ Phone*: _____

MEMBER INFO (Please Print)		
ID Number*:	Medicaid/Medicare ID:	First Name, MI*:
Last Name*:	First Name, MI*:	Date of Birth*: / /

REQUESTING PROVIDER		
ID Number:	NPI/Tax ID*:	
Provider Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

HOSPICE PROVIDER		
ID Number:	NPI/Tax ID*:	
Provider Name*:	Address:	
City, State, ZIP:	Fax*:	Phone:

DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD:10	ICD:10

REQUESTED HOSPICE SERVICES*			
	Requested Start Date	Requested End Date	
☐ Routine Home Care T2042			# of Hours Requested:
☐ General Inpatient T2045			
☐ Inpatient Respite T2044			
☐ Continuous Home Care T2043			
☐ Other: Description:			

*Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.*