



HOSPICE AUTHORIZATION FORM

Use this form for West Region Hospice Requests Only

NOTE: Instead of using this form, registered users of www.triwest.com may submit their requests online at www.triwest.com/provider. If you do not already have a user name or password, click on "Register as a new user" and follow the instructions.

Sponsor Name: _____ Sponsor SSN: _____
 Patient Name: _____ Patient SSN: _____
 Patient Address: _____ Patient DOB: _____
 City: _____ State: _____ Zip: _____
 Home Telephone: _____ Patient's Relationship to Sponsor: _____
 Other Insurance: yes no If yes, please specify: _____

Requesting Provider: _____ **Contact Name:** _____
 TIN: _____ NPI (optional): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Hospice Provider Name: _____
 TIN: _____ NPI: _____
 Phone: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 ICD-9: _____ Terminal Illness/Diagnosis: _____

New Request for Hospice Benefit:
 Initial 90-day Hospice term
Required Documents: Fax to: 1-866-269-5892
 1. TriWest Authorization Request Form
 2. Patient Election of Hospice; signed and dated by patient

Request for Re-certification of Hospice Benefit:
 Re-certification for 2nd 90-day term
 Re-certification for additional 60-day term
Required Document: Fax to: 1-866-269-5892
 1. TriWest Authorization Form

If you have any questions regarding the TRICARE Hospice Benefit, please go to www.triwest.com/provider or call 1-888-TRIWEST (874-9378).

For registration assistance or additional information, call 1-800-782-2680 and select Option 2.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or healthcare operations including medical records requested for the provision of healthcare services. Privacy Act Statement – This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violation of this may be punishable by fines, imprisonment, or both.