



# HOSPICE AUTHORIZATION FORM

Use this form for West Region Hospice Requests Only

**NOTE:** Instead of using this form, registered users of [www.triwest.com](http://www.triwest.com) may submit their requests online at [www.triwest.com/provider](http://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 2<sup>nd</sup> 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](http://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.