

Date of Request: \_\_\_\_\_

**In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click *Sign Up* or call NaviNet Customer Care at 1-888-482-8057.**

**Home Hospice Request Form**

**Requirements:** Please provide current Certificate of Terminal Illness. Clinical information and supportive documentation must also be submitted to support request for approval.

**Fax completed form to: Horizon NJ Health 1-609-583-3013**

**General Information**

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

List Any Additional Insurance: \_\_\_\_\_

Policy Name/Number: \_\_\_\_\_

**Medical Information Needed**

Date/Date Range of Service: \_\_\_\_\_

Days/Units Requested: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Other Chronic Diagnosis: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

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Procedure(s) Requested: \_\_\_\_\_

CPT Codes Requested: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ ID # & NPI #: \_\_\_\_\_ TIN #: \_\_\_\_\_

Servicing Facility: \_\_\_\_\_ ID # or NPI #: \_\_\_\_\_ TIN #: \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_