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Chattanooga, TN 37402

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BlueCare<sup>SM</sup>  
TennCareSelect



# Hospice Notification Request Form

**BlueCare/TennCareSelect**  
Fax Number: **1-800-292-5311**

**BlueCare**

**TennCareSelect**

## Member Information

Member Name:

Member ID Number:

Address:

Date of Birth:

Member Phone Number:

Diagnosis: (List all)

## Physician and Hospice Provider Information

Ordering Physician:

Provider Number:

National Provider Identifier:

Tennessee Medicaid Number:

Phone Number:

Fax Number:

Contact:

Hospice Provider:

Address:

Provider Number:

National Provider Identifier:

Tennessee Medicaid Number:

Phone Number:

Fax Number:

Requested Date of Service:

Hospice Revenue Codes Requested:

**RC 0651** Routine Home Care  
#Days/Units

**RC 0656** Inpatient Hospice Care  
#Days/Units

**RC 0658** Room and Board Only for Dual  
Eligible Members  
#Days/Units

**RC 0652** Continuous Home Care  
#Hours/Units

**RC 0655** Inpatient Respite Care  
#Days/Units

Notification is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered. This request may be subject to retrospective review based on Medical Policy.

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