KanCare sunflower health plan
Phone: (877) 644-4623
Fax: (888) 453-4756

Please fax completed form to 888-453-4756.

Hospice Request for Coverage of Medications Unrelated to Terminal Illness

1. MEMBER INFORMATION	2. PHARMACY INFORMATION
Patient Name:	Pharmacy Name:
ID Number:	NPI:
Date of Birth:	Address:
Address:	City, State, Zip:
City, State, Zip:	Phone:
Primary Phone:	Fax:
	Pharmacy Contact:

3. PRESCRIBER INFORMATION	4. HOSPICE PROVIDER INFORMATION
Provider Name:	Name:
NPI Number:	Address:
Address:	City, State, Zip:
City, State, Zip:	Primary Phone:
Primary Phone:	Hospice Contact:
Hospice Affiliated Prescriber? ☐ YES ☐ NO	

5. HAS THE PRESCRIBER OF THIS MEDICATION CONFIRMED THAT THE MEDICATION IS UNRELATED TO THE TERMINAL ILLNESS OR RELATED CONDITIONS?

☐ YES ☐ NO

6. MEDICATION INFORMATION

Medication	Prescriber Name	Indication	Reason For Requesting Coverage*

***Please provide an explanation of why the condition being treated is unrelated to the terminal illness or related conditions and therefore is not covered under hospice benefit and may be covered under Sunflower Health Plan.**

Sunflower Health Plan will not cover certain medications for the following reasons:

- The medication is being used for a condition related to the patients terminal illness or related conditions.
- The medication is not medically necessary or is waived through the hospice election.
- The medication is not covered by KanCare.

Hospice or Prescriber Signature

Representative Name: _____ Representative Signature: _____ Date: _____

Prescriber Name: _____ Prescriber Signature: _____ Date: _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the name addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the name addressee, except by express authority of sender to the name addressee.