

**Alabama Medicaid Agency
Hospice Provider Request**

Please request this information directly from the nursing facility. If you are unable to obtain this information from the nursing facility, you may request this information by submitting this form to ProviderAudit@medicaid.alabama.gov.

Today's Date: _____

Requestor

Requesting Hospice Provider: _____

Hospice Provider #: _____

Contact Person's Name: _____

Telephone #: _____

Email: _____

Required Signature: _____

Request

Request Type	Date or Period
Per Diem Rate (no cost)	
Latest Rates List (no cost)	
Rate Letter (\$5 each)	

Nursing Facility Name: _____

Address: _____

Nursing Facility Medicaid # or NPI #: _____

Do you now provide Hospice services to individuals in this facility? YES NO

(Delivery)
Alabama Medicaid Agency
Attn: Provider Audit
501 Dexter Avenue
Montgomery, AL 36104
Fax: (334) 242-0547

(USPS)
Alabama Medicaid Agency
Attn: Provider Audit
Post Office Box 5624
Montgomery, AL 36103
Fax: (334) 242-0547