| | |
|---|---|
| | **-Affix label here-**<br>Member ID: __ __ __ __ - ___ ___ ___ - __<br>First Name _____M.I._____<br>Last Name _____ |
| Contact date: ☐☐-☐☐-☐☐ (M/D/Y) OCT _____<br>Completed by: ☐☐-☐☐☐☐<br>Contact type: ☐1 Phone ☐2 Mail ☐8 Other | |

1. **What is the date of death?** ☐☐ - ☐☐ - ☐☐ (M/D/Y)
2. Source of notification: ***(Mark one.)***

☐1 Family member ☐4 NDI (CCC use only)
☐2 Friend/associate of deceased ☐8 Other _____
☐3 Personal physician

2.1. Name, address and phone number of the source.

Name: _____

Address: _____

_____

Phone Number: (____) _____

Provider ID ☐☐☐☐☐

3. **Did the death occur in a hospital/medical institution (i.e., hospital, long term care facility, hospice)?**

☐0 No ☐1 Yes ☐9 Unknown → **Go to Page 2.**

3.1. Name, address and phone number of the hospital/medical institution (i.e., hospital, long term care facility, hospice).

Hospital Name: _____

City/State: _____

Phone Number: (____) _____

Provider ID ☐☐☐☐☐

**Go to Page 2.**

3.2. Location and address of death, if death did not occur in a hospital/medical institution.

Location: _____

Address: _____

_____

RV_____K_____V_____

4. **Was an autopsy done?**

☐ 0 No ☐ 1 Yes

☐ 9 Unknown

4.1. Name, address and phone number where autopsy was performed.

Name: _____

Address: _____

_____

Phone Number: (____) _____

Provider ID

5. **Where will the death certificate be obtained?**

☐ 1 Coroner/Medical Examiner

☐ 2 Personal physician

☐ 3 Vital Statistics Office

☐ 8 Other ***(Specify):*** _____

☐ 9 Unknown

5.1. Name, address and phone number of individual providing the death certificate.

Name: _____

Address: _____

_____

Phone Number: (____) _____

Provider ID

6. (Ask of source): **To the best of your knowledge, what was the underlying cause of death?**

_____

_____

7. On the basis of currently available data, what was the underlying cause of death? ***(Mark one.)***

**Cancer**

☐ 1 Breast
☐ 2 Ovarian
☐ 3 Endometrial
☐ 4 Colon
☐ 5 Rectosigmoid junction
☐ 6 Rectum
☐ 7 Uterus
☐ 10 Lung
☐ 8 Other cancer _____
☐ 9 Unknown cancer site

**Cardiovascular Disease**

☐ 11 Coronary Heart Disease (CHD)
☐ 12 Cerebrovascular disease
☐ 13 Pulmonary Embolism
☐ 18 Other cardiovascular disease _____
☐ 19 Unknown cardiovascular disease

**Accident/Injury**

☐ 21 Homicide
☐ 22 Accident
☐ 23 Suicide
☐ 28 Other Injury _____

**"Other" Cause of Death**

☐ 31 Alzheimer's Disease
☐ 32 COPD
☐ 33 Pneumonia
☐ 34 Pulmonary Fibrosis
☐ 35 Renal Failure
☐ 36 Sepsis
☐ 37 COVID-19
☐ 88 Another cause of death, known _____
☐ 99 Unknown cause of death

**Comments:** _____

_____