

# Attn: Hospice Provider

**Return by Fax To:**

Fax: 601-360-4967

Attention: Education Department

**Return by Mail To:**

Attention: Education Department

HealthSystems of Mississippi

175 East Capitol Street, Suite 250, Lockbox 13

Jackson, Mississippi 39201

Phone: 601-360-4961

Provider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Number: \_\_\_\_\_

**Position Descriptions:**

1. *Administrator – Person in charge of the facility (manages day-to-day operations).*
2. *Hospice Administrator – Person who will receive precertification correspondence for Hospice services from HSM.*
3. *Web Administrator – Person who will regulate access of HSM's Web Portal*

Position	Contact Name	Title	Address (If different from above)	Phone	Fax	E-mail Address
Administrator						
Hospice Administrator						
WEB Administrator for Hospice Reviews						

This information will be used by HSM to communicate with you, the requesting provider. Our computer system will only allow one name and fax number for each type of communication.