




Request for Post-Discharge Meals Benefit Form

Meals must be requested within 14 days of an inpatient hospital or skilled nursing facility discharge (depending on member's plan). Prior authorization, in the form of a prescription, is required by your doctor.

Member Information				
Healthfirst Member ID Number			Date of Birth	
Last Name		First Name		Initial
Address		Apt. #	City	State Zip Code
Primary Phone Number ()			Alternate Phone Number ()	
Did you have an inpatient hospital or skilled nursing facility stay greater than two (2) days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Discharge		
		Requested Start Date (Actual start date will be determined when vendor can start delivery of meals.)		
Description of Services/CPT Code: Home-Delivered Meals/S5170				
Delivery Instructions				
Number of Units (If you are unsure of the benefit, please leave blank and Healthfirst will complete.)				
<input type="checkbox"/> Coordinated Benefits Plan (HMO): 42 Units <input type="checkbox"/> Life Improvement Plan (HMO SNP), 65 Plus Plan (HMO), Increased Benefits Plan (HMO), and Signature (HMO): 84 Units				
Are you already receiving home-delivered meals? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a Personal Care Attendant (PCA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered "Yes," does the Personal Care Attendant (PCA) make or prepare your meals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Certified Home Health Aide (CHHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Next Steps	
<p>Providers: Contact Mom's Meals and submit forms on member's behalf.</p> <p> Phone Number: 1-866-224-9485</p> <p> Fax Number: 1-866-942-7873</p> <p>Hours of Operation: 9am–6pm EST</p>	<p>Members:</p> <p> For questions related to benefits, please call Healthfirst Member Services at 1-888-260-1010 (TTY 1-888-542-3821) for Healthfirst Increased Benefits Plan, Healthfirst 65 Plus Plan, Healthfirst Life Improvement Plan, and Healthfirst Coordinated Benefits Plan, or 1-855-771-1081 (TTY 1-888-542-3821) for Signature (HMO), Monday to Friday, 8am–8pm (October 15 through March 31), and Monday to Friday, 8am–8pm (April 1 through October 14).</p>

Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-305-0408 (TTY 1-888-542-3821)。