MANAGED HEALTHCARE pharmacy
A Guardian Pharmacy®

PHONE: (866) 367-8701 FAX: (866) 367-8702

WWW.MHPRX.COM

RESIDENT STATUS NOTIFICATION

RESIDENT NAME: _____ DOB: _____

FACILITY NAME: _____

DATE OF STATUS CHANGE: _____

THIS IS TO INFORM MANAGED HEALTHCARE PHARMACY THAT THE ABOVE RESIDENT'S LIVING OR CARE STATUS HAS CHANGED DUE TO:

- ☐ RESIDENT HAS DECEASED, DATE OF PASSING: _____
- ☐ HOSPITALIZED FOR MORE THAN 72 HOURS
- ☐ ON HOSPICE
- ☐ RESIDENT HAS TRANSFERRED TO ANOTHER FACILITY

  _____

  IF KNOWN, PLEASE LIST THE FACILITY NAME OF TRANSFERRAL

- ☐ OTHER: _____

_____ _____

Facility Representative (print) Date Submitted