# PNA Reporting Form for Deceased MassHealth Members

## Member Information

Name

SSN

Date of birth

Date of death

Address before admission to the facility

## Next of Kin or Responsible Party Information

Name

Address

Relation to member

Email address

Telephone number

## Facility Information

Name of facility

Provider ID/service location (PID/SL)

Address of facility

Contact person

Email address

Telephone number

## Burial Information

Name of funeral home

Address of funeral home

Contact person

Email address Telephone number

**Mail check and completed form to the following address.**

EOHHS PNA Lockbox

PO Box 411878

Boston, MA 02241-1878

Check number

Check amount $

For questions, please contact MassHealth Accounting at MassHealthAccounting@mass.gov.