



Commonwealth of Massachusetts  
EOHHS  
www.mass.gov/masshealth

# PNA Reporting Form

## for Deceased MassHealth Members

Date
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### 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](mailto:MassHealthAccounting@mass.gov).