



PNA Reporting Form for Deceased MassHealth Members

Executive Office of Health and Human Services
600 Washington Street, 7th Floor
Boston, MA 02111

Date:

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:	Telephone number: ()

Facility Information

Name of facility:	
Provider ID/Service location (PID/SL):	
Address of facility:	
Contact person:	Telephone number: ()

Burial Information

Name of funeral home:	
Address of funeral home:	
Contact person:	Telephone number: ()

Form completed by

Name:	Date:
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Mail check and completed form to:
EOHHS
MassHealth Accounting Unit
600 Washington Street, 7th Floor
Boston, MA 02111

Check number:
Check amount: \$