



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

Medicaid Fraud Control Unit Reporting a Death that Took Place in a Non-Long Term Care Facility

Date of Report: _____

Facility Information

Facility Name: _____

License Number: _____

Address: _____

City, ZIPcode: _____ County: _____

Telephone Number: _____

Identity of Deceased

Full Name of deceased: _____ SSN: _____

Race/Ethnic Group: African-American Native American Anglo Asian
 Hispanic Middle East Other (Specify) _____

Gender: _____ DOB: _____ Age: _____

Original date of admission: _____

Name of next of kin: _____

Address: _____ Telephone Number: _____

Circumstances of Death

Date of Death: _____ Time of Death: _____ a.m./p.m.

Manner of Death: Natural Accidental Suicide Homicide Other _____

Medical Cause of Death: _____

Summary of Circumstances: _____

Report prepared by: _____ Title: _____

Telephone Number: _____ E-mail: _____