 

**Health Safety Net (HSN)**

**Fax Cover Sheet  HPE Applications**

Hospital-Determined Presumptive Eligibility

Please print clearly. Use this cover sheet for faxing documents to HSN.

**Applicant Information**

Name:

**CAC**

Name:

Soc. Sec. No: (if applicable) Phone No:

Name of Facility:

Date of Birth: MassHealth ID No. *(if applicable):*

No of pages (including cover sheet): Date:

**Important Message**

DO NOT photocopy cover sheets. For barcodes to work, cover sheets must be originals, not copies. Use a separate cover sheet for each HPE application.

**Fax Info**

Please use the following number to fax hospital-determined presumptive eligibility applications:

**617-887-8754.**

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