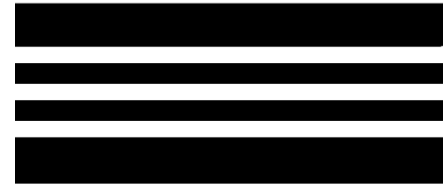


CFU Cover Sheet 595x150



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: _____

Soc. Sec. No: (if applicable)

Date of Birth: _____

MassHealth ID No. (if applicable):

No of pages (including cover sheet): _____

Date: _____

CAC

Name: _____

Phone No: _____

Name of Facility: _____

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.

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to which it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.