HOSPITAL FAX COVER SHEET

Date:_____

TO: Preadmission Review
Western Reserve Area Agency on Aging
PASSPORT Administrative Agency 10A
925 Euclid Avenue, Suite 550
Cleveland, Ohio 44115

PREADMISSION REVIEW PHONE: **(216) 621-0303 EXT.841**
TOLL FREE **1-800-626-7277**
INTAKE/SCREENING PHONE: **(216) 479-6778**
PAR FAX NUMBER: **(216) 621-5994**

FROM: Facility Name: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Client Name: _____
(PLEASE PRINT CLIENT'S NAME ON EACH PAGE)

REQUESTING: (Please check one)

_____ PAS-NON-MEDICAID,

_____ PAS & LOC - MEDICAID

_____ LOC ONLY - MEDICAID

_____ Other (EXPLAIN BELOW)

Special Instructions:_____

_____

_____

Please check one:

☐ **REFAXING**

Reason:_____

_____

_____

☐ **ADDITIONAL INFO. Requested by:**

_____Teresa Allerton
_____Maryann Felgenhauer
_____Mike Forniti
_____Babette Medcalf
_____Lynn Patmore
_____Paula Rand
_____Chris Weber

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