

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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