

NURSING HOME FAX COVER SHEET

Date: _____

Number of pages: _____

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: For Non-Medicaid Individuals
(Please check one)

_____ Expired convalescent stay

_____ New admission from community

_____ Other (explain) _____

For Medicaid Individuals

_____ New admission from community

_____ Change of vendor payment

_____ LOC for NF to NF transfer

_____ Other (explain) _____

Please check one:

REFAXING

ADDITIONAL INFO. Requested by:

_____ Mike Forniti
_____ Babette Medcalf
_____ Teresa Allerton
_____ Paula Rand

_____ Lynn Patmore
_____ Maryann Felgenhauer
_____ Chris Weber

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