

RightFAX Cover and Transmittal Log

(All non-electronic applications or documents must be accompanied by this completed log/cover sheet regardless of whether they are sent by FAX or mail.)

To: DHH Customer Service Unit

RightFAX Number: 877-523-2987

DATE:

INITIAL CONTACT DATE	INTERVIEW DATE	TRANSMITTAL DATE

APPLICANT INFORMATION:

NAME	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER

Total number of pages including cover sheet: _____

Are you sending medical records for this application? **NO** **YES**

APPLICATION CENTER NAME:

AC ID #: _____

AC Representative's Printed Name:

AC Representative's Phone Number:

Comments: