

RightFAX Cover and Transmittal Log

All non-electronic assessments and/or associated documents sent via FAX must be accompanied by this completed cover sheet.

To: **Hospital Presumptive Eligibility (HPE)**

RightFAX Number: 225.389.2741 or 877.747.0985

Number of pages (including cover): _____

Transmittal Date	Assessment Date

Individual Assessed	Date of Birth	SSN

HPEQE Facility Name: _____

HPEQE I.D. Number: H _____

HPEQE Representative's Printed Name: _____

HPEQE Representative's Phone Number: _____

Comments:

