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### FACSIMILE COVER SHEET

<b>To:</b>	eQHealth PDN/PPEC/CCM-SNF
<b>Company:</b>	
<b>Phone:</b>	
<b>FAX</b>	
<b>From:</b>	
<b>Company:</b>	eQHealth Solutions
<b>Date:</b>	
<b>Pages incl. coversheet:</b>	

**\*Please only include one participant per fax cover sheet\***

Recipient Medicaid Number: \_\_\_\_\_

NEW REQUEST \_\_\_\_ EXISTING PARTICIPANT \_\_\_\_ SNF PARTICIPANT \_\_\_\_

Please attach the following documents as appropriate:

- ☐ Demographic Sheet
- ☐ Nursing Assessment
- ☐ Most recent History and Physical (PDN only), or
- ☐ Physician Monitoring Form (PDN only)
- ☐ Ordering Provider Order (AHCA form or script including all the AHCA requirements)
- ☐ Plan of Care
- ☐ Referral contact information (Please print clearly)
- ☐ Name: \_\_\_\_\_
- ☐ Source: (family, ordering provider, PDN provider, PPEC provider/ Hospital Discharge planner) \_\_\_\_\_
- ☐ Phone: \_\_\_\_\_
- ☐ Email: \_\_\_\_\_

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