

Mass health Fax Cover Sheet

Facility Information		Head of Household (HOH) Information	
Facility Name:	_____	Name:	_____
Sender's Phone No:	_____	D.O.B:	_____
Sender's Name:	_____	Soc. Sec. No:	_____

Please include this cover sheet when faxing or mailing any documents to the MassHealth UCP Review Team.

FAX NUMBER

123-456-7890

Please place a checkmark () in the appropriate space below identifying the attached verification(s)

_____ UCP Eligibility Review Form

_____ Income

_____ Other _____