

Passport Health Plan
 305 West Broadway, 3rd Floor
 Louisville, KY 40202
 Phone: 502-585-8210
 Fax: 502-585-7970

Disclaimer: Confirmation of Eligibility is not a guarantee payment.



Fax Transmittal

To:	EPSDT Department	From:	
Fax:	502-585-7970	Pages:	
Phone:	502-585-8210	Date:	
Re:	EPSDT Eligibility Confirmation	CC:	

To confirm EPSDT eligibility on five (5) or more members, please fax your request to the EPSDT Department at (502) 585-7970, at least 24 hours in advance. Otherwise, please leave a message on the EPSDT Dept. Voice Mail at (502) 585-8210.

	PHP I.D. #	Name	D.O.B	D.O.S.	Eligibility Days For this Screen	Yes	No	Reason
1								PHP USE ONLY
2								
3								
4								
5								
6								
7								
8								
9								
10								

CONFIDENTIALITY NOTICE: This fax is intended for the sole use of the individual and entity to whom it is addressed and may contain information that is confidential and exempt from disclosure under applicable law. If you are not the intended addressee nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute to anyone the message or any information contained in the message. If you have received this fax in error, please immediately advise the sender at the phone number at the top of the page and shred the fax. Thank you very much.