

Mass health Fax Cover Sheet

Facility Information

Facility Name: _____

Sender's Phone No: _____

Sender's Name: _____

Head of Household (HOH) Information

Name: _____

D.O.B: _____

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

_____ UCP Eligibility Review From

_____ Income

_____ Other _____