

Passport Health Plan
 305 West Broadway, 3rd Floor
 Louisville, KY 40202
 Phone: 502-585-8210 Fax: 502-585-8457



Fax Transmittal *Disclaimer: Confirmation of eligibility is not a guarantee of payment.*

To:	EPSDT Department	From:	
Fax:	502-585-8457	Page(s):	
Phone:	502-585-8210	Date:	
Re:	EPSDT Eligibility Confirmation	CC:	

To confirm EPSDT eligibility on up to five (5) members, please fax your request to the EPSDT Department at (502) 585-8457, at least 24 hours in advance. Otherwise, please leave a message on the EPSDT Dept. Voice Mail at (502) 585-8210.

	Passport Health Plan member I.D. #	Name	D.O.B.	D.O.S.	<i>Shaded Area for Passport Health Plan use <u>only</u>.</i> Eligibility Information: Yes/No/Screen/Eligible Days/Outreach Rep.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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