

Applied Home Care, Inc.

Fax Cover Sheet

To: _____

From: _____

Re: _____

Fax#: _____

Phone Contact: _____

Pages: _____

Date: ____/____/____

Time: ____:____

Your Name: _____

Id Number (last 4 digits of SSN) _____

Patient Name:

Pay Period:

Total Hours:

of Time Slips: _____