



Fax Cover Sheet

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Sender's Name	Sender's Phone Number	Today's Date

Employer Name	Group Number

Employee Name	Employee UID

Patient Name	Date of Service

Claim #	Provider Name

Documents Included:

- Medical Record
- New Claim(s) / Corrected Claim(s)
- Repricing / Repricing Sheet
- Coordination of Benefits Letter
- Itemized Bill
- Explanation of Benefits (EOB)
- Other. Please provide description _____

Special Notes and/or Instructions