



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

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