



## 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