



Fax Cover Sheet

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

Employer Name	Group Number
Employee Name	Employee ID
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

This telefax and any attachments are intended solely for the person or entity to which it is addressed and contains information that may be confidential, proprietary, or Protected Health Information (PHI) as defined at 45 C.F.R. 160-103. Federal law prohibits the unauthorized use or disclosure of PHI in any way that compromises the privacy, security, or confidentiality of the covered person. If you are not the addressee, or authorized to receive this on their behalf, you may not use, copy, or disclose this message or any of its contents. If you have received this fax in error, please contact the sender at the telephone number listed above and immediately delete it from your computer and/or telefax server.