centrix
BENEFIT ADMINISTRATORS

Fax Cover Sheet

Centrix Benefit Administrators,Inc.
PO Box 212199
Chula Vista, CA 91921

P (800) 585 - 5965
F (619) 220 - 9003
E support@centrixba.com

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