# Fax Cover Sheet

**Complete all fields** and fax the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Fax Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

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| Company Name: |  | Phone #: |  |
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| NOTES: |
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**Fax Number:**

 123-456-7899

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