

FAX COVER SHEET

Date: _____

TO: _____

FROM: _____ **(Fax)**
_____ **(Phone)**
_____ **(Contact Name)**
_____ **(Provider Name)**
_____ **(Provider MA ID #)**
_____ **(Address)**

Check One: ☐ **Return Information Routing Sheet**
☐ **Prior Approval Change Request Form**
☐ **Electronic Transaction Attachment Scanning Sheet**

Number Pages (Including this Cover Sheet and Sheet/Form checked above): _____

Message: _____

