

# Medical Provider Component

MEDICAL EXPENDITURE PANEL SURVEY

**HOSPITAL**

Cover Sheet Plus \_\_\_\_\_ Page(s)

TO \_\_\_\_\_

PROVIDER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER 800-792-3656

FAX NUMBER 800-792-3670

FROM \_\_\_\_\_ DIRECT LINE \_\_\_\_\_

- ITEMS SENT
- Authorization Form(s)
  - Patient List
  - Letter
  - Brochure
  - Fax/Mail Return Form

Patient Record File Number \_\_\_\_\_

Patient Account File Number \_\_\_\_\_

**Thank you for participating in this important study!**

**If you do not receive all pages or transmission is unclear, please call 800-792-3656.**

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**For additional information log on to <http://www.MEPS.AHRQ.gov>.**

OFFICE USE ONLY

Provider Name \_\_\_\_\_

ID/W \_\_\_\_\_

