Medical Provider Component
M E D I C A L   E X P E N D I T U R E   P A N E L   S U R V E Y

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

If Mailing:

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Anne Denbow / WESTAT
9274 Gaither Road, GA89
Gaithersburg, MD 20877-1420

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 800-318-3843.

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