

# 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



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

TO \_\_\_\_\_

PROVIDER \_\_\_\_\_

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

PHONE NUMBER 800-792-3656

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

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

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

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

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

