

Medical Provider Component

MEDICAL EXPENDITURE PANEL SURVEY

**SEPARATELY
BILLING DOCTORS**

If faxing material, please use this as your cover sheet.

Cover Sheet Plus _____ Page(s)

TO	_____
	Data Collection Specialist
FAX NUMBER	1-800-792-3670

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Please send to:

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

OFFICE USE ONLY		
Provider Name	_____	
ID/W	_____	
Connected Case	Y _____	N _____

