OMB #: 0935-0108

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)
- ❑ Letter
- ❑ Fax/Mail Return Form
- ❑ Patient List
- ❑ Brochure

Patient Record File Number ______________________

Patient Account File Number ______________________

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