

# 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

OFFICE-BASED

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

TO \_\_\_\_\_

PROVIDER \_\_\_\_\_

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

PHONE NUMBER 800-318-3843

FAX NUMBER 800-292-6408

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

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

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

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

If Mailing:

Anne Denbow / WESTAT

9274 Gaither Road, GA89

Gaithersburg, MD 20877-1420

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

**If you do not receive all pages or transmission is unclear, please call 800-318-3843.**

This message is intended for the sole use of the individual or entity to which it is addressed and may contain information that is proprietary, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or is not responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify Westat immediately by telephone at 1-800-318-3843 and return the original message to us at the above address by return mail. We will reimburse any costs you incur in notifying us and returning the facsimile to us. Thank you.

Public reporting burden for the collection of information is estimated to average 5 minutes per patient. Any comments regarding this burden or estimate or any other aspect of this collection of information including suggestions for reducing this burden should be sent to: Report Clearance Office, Attention: PRA, United States Public Health Service, Paperwork Reduction Project (0935-0098), Hubert Humphrey Building, Room 737F, 200 Independence Avenue, SW, Washington, DC 20201.

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

OFFICE USE ONLY

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

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

