FAX or Mail Return Form





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

Cover Sheet Plus _____ Page(s)

TO: Data Collection Specialist

FAX NUMBER: [FILL 1-800-XXX-XXXX] PHONE NUMBER: [FILL 1-800-XXX-XXXX].

FROM

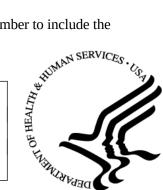
DATE

If mailing material, please include this cover sheet in your envelope. Please remember to include the confidential customer worksheet. Thank you.

OFFICE USE ONLY

Provider Name: [FILL PROVIDER NAME]

Case ID and Wave: [FILL ID AND WAVE NUMBER]



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Please send to:

MEPS-Medical Provider Component Director One North Commerce Center 5265 Capital Boulevard Raleigh, NC 27616

> **REFERENCE:** [FILL PROVIDER NAME] [FILL PROJECT CHARGE NUMBER]
