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## JH EDI Services Fax Cover Sheet

**Please fax this sheet along with your documents to 1-877-439-5479**

**To: Novitas Solutions EDI Services**

From: \_\_\_\_\_ Company: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Total Number of Pages Including Cover: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

NPI #: \_\_\_\_\_ Provider Transaction Access Number (PTAN): \_\_\_\_\_

Reference Number *(Please specify this number if you were assigned one by an EDI representative)*: \_\_\_\_\_

RE:

**NOVITAS SOLUTIONS INC. CONFIDENTIAL AND PROPRIETARY INFORMATION.**

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