5802 Benjamin Center Drive #105
Tampa, FL 33634

Telephone: 855-444-3747
Fax: 855-427-3747

FACSIMILE COVER SHEET

To:	**Customer Service**
Company:	**eQSuite**
Phone:	**855-444-3747**
Fax:	**855-427-3747**
From:	
Company:	
Phone:	
Date:	
Pages incl. coversheet:	

Please update the exhausted days for Medicaid HMO recipient:

Name: _____

Medicaid ID#: _____

For Fiscal Year: 20_____

Attached:

- ☐ Exhaustion of Benefit Denial Letter
- ☐ EOP – Exhaustion of Benefit Denial

Please allow one business day for update.