

HEALTH AND/OR DENTAL CLAIMS FAX COVER SHEET

Toll Free Fax 1-844-622-6063 (Atl & ON)

In an effort to assess your claim in a timely manner, please ensure you have completed the information below.

Member/Name: _____

Patient/Name: _____

Policy/Group Number: _____

Identification Number: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

Email Address: _____

Have you previously submitted this claim? YES NO

Comments: _____

If this Fax is not a claim, please indicate which recipient or department it is intended for:

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