

# GREAT LAKES FAX COVER SHEET

## 1. Fill out the following (please print):

- Total pages in fax (include cover page): \_\_\_\_\_
- Medicaid case number: \_\_\_\_\_
- Your name: \_\_\_\_\_
- Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- E-mail: \_\_\_\_\_

## 2. Circle what you are faxing to HIPPA:

- Proof of premium payment for the month of \_\_\_\_\_
- Rate sheet
- Summary of benefits
- Explanation of benefits (EOB)
- Copy of insurance card
- Other: \_\_\_\_\_