

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: _____