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Secure Fax Cover Letter

Please send the medical document and this cover letter to **1.888.212.0560**

From _____

Your Fax # _____

Date _____

of Pages _____

Initial _____

I attest that the information in this medical document is correct and complete and that I have consulted with the Patient referenced in it.

Initial above if you are submitting the Medical Document to Mettrum using the secure electronic Sfax system and attest to the following:

The provincial professional licensing authority of the province(s) in which I am authorized to practice approves of the use of electronic medical documents and I have chosen to submit the original Medical Document to Mettrum via the secure electronic Sfax system. This document is being sent directly from my medical office, I acknowledge that the faxed medical document is now the original Medical Document and that I have retained a copy of this document for my records only.

HEALTH INFORMATION
FAX COVER SHEET

From: _____
To: _____
Fax: _____
Date: _____
Cover Sheet Plus _____ Pages
Comments: _____

Confidential Health Information Protected - Health care information is personal and confidential. It is to be kept in strict confidence and not disclosed to any other person without the written consent of the patient or the appropriate authority. This document is for the use of the patient and the health care provider only. It is not to be used for any other purpose. If you are a health care provider, you must ensure that this information is kept confidential and not disclosed to any other person without the written consent of the patient or the appropriate authority. If you are a patient, you must ensure that this information is kept confidential and not disclosed to any other person without the written consent of the patient or the appropriate authority.

This document is for the use of the patient and the health care provider only. It is not to be used for any other purpose. If you are a health care provider, you must ensure that this information is kept confidential and not disclosed to any other person without the written consent of the patient or the appropriate authority. If you are a patient, you must ensure that this information is kept confidential and not disclosed to any other person without the written consent of the patient or the appropriate authority.

Revised 10/10/11

Fax Cover Sheet
CONFIDENTIAL MEDICAL INFORMATION

Date: _____
To: Medical Qualifications Program
Fax: 866-338-6630
FYI: This fax number is an eFax. It will go securely into the medical exam email profile.

From:
HSQ Coordinator: _____
HSQ Coordinator Region/Unit: _____
HSQ Coordinator Phone Number: _____
HSQ Coordinator Email Address: _____

Employee Name: _____
Employee Phone Number: _____
Employee Email Address: _____

Check One:
HSQ attached ____ Medical exam attached ____ Additional Medical Info ____

Confidential Health Information Enclosed. Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the Individual or under circumstances that do not require Individual authorization. You, the recipient, are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure without additional consent or authorization of the Individual or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain the confidentiality of this information could subject you to penalties under Federal and/or State law.

The information contained in this facsimile transmission is privileged and confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at _____ to arrange for the return of the transmitted documents to us or to verify their destruction. Please contact us to verify receipt of this Fax or to report problems with the transmission.

Revised 07/18/2010

FAX COVER SHEET Request for Medicaid Eligibility Determination Medically Needy Program	
<i>This coversheet must be completed prior to submitting the application to Health & Welfare.</i>	
TO: Idaho Department of Health & Welfare Medicaid Services Application – Idaho Falls Fax: (208) 326-3771 Email: SRUCU-CnyHospApp@dhw.idaho.gov	FROM: _____ Fax: _____ Email: _____

HOSPITAL/COUNTY CONTACT INFORMATION:

Patient's Name: _____

Date(s) Medical Service was provided: _____

Hospital Contact Information:

Hospital Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact Person: _____

County Contact Information:

County (idaho): _____

Phone: _____

Fax: _____

Email: _____

Contact Person: _____

What information should be included on the cover sheet for fax transmissions from a medical office.

[illegible]

Nov 30, 2021 - Do not travel to Poland due to COVID-19. Read the Department of State's COVID-19 page before you plan any international travel. The Centers for Disease Control and Prevention (CDC) has issued a Level 4 Travel Health Notice for Poland, indicating a very high level of COVID-19 in the country. There are restrictions in place affecting U.S. citizen entry into Poland. The cover sheet must be signed and dated by the agency representative completing the report form. To confirm HHSC received the form and attachments, the agency may print a confirmation that the fax was successfully sent. No cover sheet is required if the report and attachments are mailed. Provider Investigation Report Jan 31, 2020 - Complete all fields and fax to 803-870-0161 or mail the form to the applicable address/number provided at the bottom of the page. Complete one (1) Medicare Fax / Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim. Use this standard fax cover sheet template when sending documents for work, school, or personal matters. The fax cover sheet displays all relevant information, with the date auto-generating when you open the template. Good for both interdepartmental and external faxes, this fax cover sheet provides a professional-looking and protective shield for your information. A fax cover sheet can be of different types. For example, if you send a fax to someone, it will consist of a fax cover sheet, containing details about the fax. Similarly, while making projects, you are expected to add a cover sheet to the project; this cover sheet will contain relevant

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