



Completion of the requested information on the *Medical Documentation Fax Cover Sheet* will ensure we will post the documentation included in this fax to the correct claim. This will reduce the number of requests for the same information and follow-up phone calls.

Date: _____

Number of pages, including cover sheet: _____

☐ Initial notice of injury

☐ Medical documentation attached

☐ Medical documentation not attached

☐ Released injured worker to return to work

To: (Assigned MCO name)

Attention: _____

Phone: _____

Fax: _____

From:

Phone: _____

Fax: _____

Injured worker information:

Claim number: _____ Date of injury: _____

Name: _____ Social Security number: _____

Address: _____ Phone: _____

Document type: (check the appropriate box or boxes)

☐ FROI

☐ C-86

☐ Medical information, reports

☐ C-9 (additional conditions)

☐ C-140

☐ C-92, C-92A, C-92EXA

☐ C-63

☐ MEDCO-14

☐ C-84

☐ MEDCO-21

☐ Other: