



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:

Table with document type options: FROI, C-86, Medical information, reports, C-9, C-140, C-92, C-92A, C-92EXA, C-63, MEDCO-14, C-84, MEDCO-21, Other.