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Fax Cover Page

Date:

To: **Chris Brady – Fax +1 (844) 255-9175**

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From:

Phone:

Fax:

Email:

Documents Included:

Assignment of Benefits (AOB)

Auth to Release Protected Health Information (ARPHI)

Personal Interests Form (PIF)

Auth to Release Info to Family (ARIF)

Mount Documentation of Medical Necessity

Appointment of Representative (AOR)

SLP Therapy Notes with supporting documentation

Speech-Generating Device (SGD) Evaluation

Speech-Generating Device (SGD) Order Form

Other:

Total pages (including cover):

Alternate fax number: +1 (609) 275-1311

NOTE:

Please notify your Documentation Specialist via email that your fax has been sent.

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