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Fax Cover Page

Date:

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From:

Phone:

Fax:

Email:

Documents Included:

Assignment of Benefits (AOB)

Appointment of Representative (AOR)

Auth to Release Protected Health Information (ARPHI)

SLP Therapy Notes with supporting documentation

Personal Interests Form (PIF)

Speech-Generating Device (SGD) Evaluation

Mount Documentation of Medical Necessity

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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