Fax Cover Sheet

OptumHealth Care Solutions, LLC   rev 01/03/2013

Provider State: _____

Date: _____

# of Pages: _____
(Including cover)

To: **OptumHealth Care Solutions**   ***From***: **Provider's Name:** _____

Contacts' Name: _____

Phone #: _____

Instructions for Use

1. To insure the most rapid delivery to the intended recipient, please direct this fax to a specific person.
2. When sending information to the Clinical Support Department, please indicate the provider state, patient name, health plan, the number of pages being submitted for the patient, and select the type of documentation included.

Clinical Support Department

Attention: _____   *(Support Clinician or Dept. name here.)*

Health Plan: _____

Submission #: _____

Patient Name   *# of Pages*

_____   _____

_____   _____

_____   _____

☐ **Pediatric Documentation Included**
☐ **Neurologic Documentation Included**
☐ **Auto Liability Documentation Included**
☐ **Worker's Compensation Documentation Included**
☐ **Support Clinician Requested Documentation Included**

Memo:

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