

## **FAX COVER SHEET**

**TO:**

**FAX:**

**TELEPHONE:**

**FROM:**

**TELEPHONE:**

**EMAIL ADDRESS:**

**FAX#:**

**CLAIM INFORMATION**

**CLAIM SUBMISSION TYPE:**

**CONTROL NO.**

**CASE NAME:**

**CLAIMANT LAST NAME:**

**CLAIMANT LAST NAME:**

**SUBMITTING AGENCY:**