



# Medical Repository Fax Cover Sheet

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: \_\_\_\_\_

Document type: (check the appropriate circle or circles)	
<input type="radio"/> FROI	<input type="radio"/> C-86
<input type="radio"/> Medical information, reports	<input type="radio"/> C-9 (additional conditions)
<input type="radio"/> C-140	<input type="radio"/> C-92, C-92A, C-92EXA
<input type="radio"/> C-63	<input type="radio"/> MEDCO-14
<input type="radio"/> C-84	<input type="radio"/> MEDCO-21
<input type="radio"/> Other:	