

Member and Provider Info

Member Name:

Member ID #:

Member Control/Account #:

Provider Name:

Claim # :

DOS:

Brief Reason Records Submitted:

Please mail or fax this form with the medical records to:

Physicians of SW Washington

319 7th Ave SE, Ste. 201 | Olympia, WA 98501

Fax number: 360-754-4324

Fax limit: 25 pages or less, if more than 25 pages encrypted CD requested.

***Please note when submitting medical records: Submit the documentation needed to support the service provided to the member. Complete medical records are not routinely required and should only be submitted when requested or if add-on to EDI Claim.*

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