

FAX (Medical)

Date: _____
Number of pages including cover sheet: _____

To: _____
Attn: _____
Re: **Verification Requests**
«full_name»
«community» «apt_nbr»
Phone: _____
Fax phone: _____
CC: _____

From: _____

Phone: «mgmt_company_phone»
Fax phone: _____

REMARKS: Urgent For your review Reply ASAP Please comment

WE NEED YOUR HELP AND COOPERATION!!!

Attached please find verification form(s) that need:

Completion – please let us know how much will be paid out of pocket for the next 12 months based on your history with this patient/customer.

Signature

Other _____

Please fax this information back to us by _____ in order to meet government deadlines for the subsidized rental program that we are administering.

If you have any questions, please call us immediately.

Thank you.