

Fax Cover Sheet

UHG Ovations

Number of Documents: _____ (i.e. Apps and/or Corr.)

Number of Pages Faxed: _____

Agent ID#:

Agent First Name: _____ (All Caps)

Agent Last Name: _____ (All Caps)

Agent Email: _____

Agent Phone #: _____ - _____ - _____

Agency Name: _____

Member 1 Name: _____
First Last Pages CMS #

Member 2 Name: _____
First Last Pages CMS #

Member 3 Name: _____
First Last Pages CMS #

Member 4 Name: _____
First Last Pages CMS #

Member 5 Name: _____
First Last Pages CMS #



FaxSep