

Medical Director Form

The attached claim is being submitted on behalf of our on-staff Medical Director.

Due to the patients condition and the need for immediate care, these services were rendered to your member outside of the normal duties and responsibilities of the Medical Director.

Attached, please find the documentation from the patients medical record supporting this claim.

Medical Director Information

Name and Title	Phone Number
Facility Name	Date

Attachments: HCFA 1500
Documentation

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