



Michigan Tech

To		Fax #	866-392-6519		
From		Phone #			
Date		Number of pages <i>(including cover sheet)</i>			
EMP ID	131459				
Massage Therapy Claim – Please include the following:					
<input type="checkbox"/>	Current Prescription	<input type="checkbox"/>	Proof of Payment	<input type="checkbox"/>	Provider's Bill

- Use GO modifier on these massage claims if one is missing.

The information contained in this communication is privileged and confidential and is intended solely for the use of the individual(s) to whom this communication is directed. If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is prohibited. Please notify the sender, by e-mail or telephone, of any unintended receipt and delete the original message without making any copies.