



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.

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