



Fax Transmittal Form
 Fax: 1-844-388-0653
 Attn: Case Notification Clerk
 Mississippi Division of Medicaid

From:

 Lawyer/Paralegal/Assistant

 Law Firm

 Address

 Date

 Number of Pages

 Insurance Company

 Address

 City

 State

 Zip

 Claims Representative

 Claims Number

 Claims Representative Phone Number

 Member Name

 Medicaid Number/DOB

 Date of Injury

Type of Injury

- Auto
- Medical Malpractice
- Worker's Compensation
- General Liability
- Other

Notes