**HIPP Fax Cover Page**

Use this cover page when faxing things to the Health Insurance Premium Payment program (HIPP).

**Fax toll-free to HIPP: 1-866-409-1188**

**1. Fill out the following (please print):**

• Total pages in fax (include cover page):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Medicaid case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Phone: ( )

• E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Circle what you are faxing to HIPP:**

• Proof of premium payment for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Rate sheet

• Summary of benefits

• Explanation of benefits (EOB)

• Copy of insurance card

• Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allow 2 work days for us to review the fax.**