

**The CoverMe Foundation Fax Referral Sheet**

(You may duplicate this form for others)

Fax #: 502-499-1963  
Direct Telephone Contact #: 877-NSURME1 or 877-678-7631  
Email to: melissa.winchell@na.firstsource.com

Physician Group/Facility Name: \_\_\_\_\_  
Office Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

When is the best time to contact the patient? \_\_\_\_\_

(circle one)

Does the patient currently have health insurance? Yes No  
Does the patient's dependents have health insurance? Yes No  
Is anyone in the patient's household pregnant? Yes No  
How many children under age 19 are in the household? \_\_\_\_\_  
Is the patient married? Yes No  
Is the patient a U.S. Citizen? Yes No