



## Medical Record Transmission Cover Sheet

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**Date:**

**To:** MVP Health Care - HEDIS Operations Quality Review Team

**Gaps in Care Submissions**

Secure email: [mvpgapclosures@mvphealthcare.com](mailto:mvpgapclosures@mvphealthcare.com)

Fax: 888-219-5623

**HEDIS Submissions**

Secure email: [hedisrecordsubmission@mvphealthcare.com](mailto:hedisrecordsubmission@mvphealthcare.com)

Fax: 888-219-5634

**From:**

Name of Practice:

Tax ID#(TIN):

Name of Organization if applicable:

Indicate purpose of this transmission:  Gaps in Care closures  HEDIS Review

Contact name and email address for follow-up:

Fax:

Phone:

No. of Pages (Including this cover sheet): \_\_\_\_\_

Comments:

***\*Please Note: Medical records submitted without this cover sheet will be returned to the practice for completion and re-submission. Please complete in its entirety.***

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5/2022