



**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: mellissa.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?

(Check 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

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