

# Prospective Fax Cover Sheet

Johns Hopkins HealthCare  
Quality Improvement Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Fax: 410-424-4882



**PLEASE PRINT CLEARLY**

**Return this form with the corresponding Medical Record information**

**To Fax: 410-424-4882**

**(Please be sure to include a fax cover sheet with any fax that contains PHI)**

The information supplied is used as claims supplemental data to update and remove the member from the Opportunity Report or Member Gaps in Care Report

Date Sent:

**Indicate the Health Screenings Services by filling in the appropriate circles:**

- |   |   |
|---|---|
| <input type="radio"/> Adolescent Immunizations  | <input type="radio"/> Adolescent Well Care Visit Ages 12 to 21        |
| <input type="radio"/> Adult BMI   | <input type="radio"/> Breast Cancer Screening                         |
| <input type="radio"/> Cervical Cancer Screening<br>(Pap Smear or Total Hyst. cervix absent) | <input type="radio"/> Childhood Immunizations                         |
| <input type="radio"/> Colorectal Screening  | <input type="radio"/> Diabetic Eye Exam (date done and retina status) |
| <input type="radio"/> Diabetes-HbA1C  | <input type="radio"/> HPV in Adolescents                              |
| <input type="radio"/> Medication Reconciliation Post-Discharge (Medicare only)              |   |
| <input type="radio"/> Postpartum  | <input type="radio"/> Transitions of Care (Medicare only)             |
| <input type="radio"/> Well Child Care Visit Ages 3 to 6                                     | <input type="radio"/> Weight Assessment and Counseling in Children    |

**Please Print Members Name: (Last Name First Name)      Print Date of Birth**

Format:  
04/02/1990

Please send medical records for the following health plans:

- Priority Partners
- EHP
- USFHP
- JH Advantage MD

**Date of Service**

**Information Submitted By:**

**Provider Office Sending Information**

**Phone Number**

**Fax Number**

(This information is used in case additional information is needed to remove member off the opportunity list or to provide feedback when documentation is not sufficient)

For questions on what to send as supplemental data refer to the Provider Tip Sheet or call the JHHC QI Department at 410-762-1623.

Once this information has been sent back, it will take approximately 2 months before the member will be removed from your Opportunity Report or the Gaps in Care Report.

**Please make sure the the member's name and date of birth are on the medical record. Member's age is not considered date of birth.**