

# Department of Medical Assistance Individual and Family with Developmental Disabilities Support Waiver (IFDDS) Unit Fax Cover Sheet

<b>Send to:</b> IFDDS Waiver Unit	<b>Case Manager:</b>
<b>Attention:</b>	<b>Date:</b>
Fax Number: 804-612-0050	<b>Phone/Fax Number:</b>
<b>Total pages, including cover:</b>	

Please use a check mark to show what you are sending to the IFDDS waiver Unit. This fax cover sheet is to be used when sending all items to the IFDDS Waiver Unit. Failure to use this cover sheet will result in rejection of faxed information.

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Initial<br>Plan Of<br>Care | <input type="checkbox"/> Renewal<br>Plan | <input type="checkbox"/> Revision Plan of<br>Care | <input type="checkbox"/> Response to<br>request for<br>more<br>information | <input type="checkbox"/> Request for services<br><br>* Other _____ |
|---|--|---|--|--|

**DMAS Comments:**

---

**Provider Comments:**

***CONFIDENTIAL: CONTAINS***

***PATIENT IDENTIFIABLE INFORMATION***

This electronic message transmission (FAX) contains patient-identifiable information from the Virginia Department of Medical Assistance Services (DMAS). It is intended for the review and use of no one but the identified FAX recipient listed above. Misuse or disclosure of this information is prohibited by State and Federal laws. If you have received this communication in error, please notify the sender at the telephone number listed above immediately.