

## HIPP Fax Cover Page

Use this cover page when faxing things to the Health Insurance Premium Payment program (HIPP).

**Fax toll-free to HIPP: 1-866-409-1188**

**1. Fill out the following (please print):**

- Total pages in fax (include cover page): \_\_\_\_\_
- Medicaid case number: \_\_\_\_\_
- Your name: \_\_\_\_\_
- Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- E-mail: \_\_\_\_\_

**2. Circle what you are faxing to HIPP:**

- Proof of premium payment for the month of \_\_\_\_\_
- Rate sheet
- Summary of benefits
- Explanation of benefits (EOB)
- Copy of insurance card
- Other: \_\_\_\_\_

**Allow 2 work days for us to review the fax.**