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## FACSIMILE COVER SHEET

<b>To:</b>	<b>eQHealth Solutions</b>
<b>Phone:</b>	
<b>Fax:</b>	<b>855-440-3747</b>
<b>From:</b>	
<b>Subject</b>	<b>Request for additional hours</b>
<b>Review ID #</b>	
<b>Date:</b>	
<b>Description:</b>	

**NOTE: This coversheet is to be used to request additional hours on a review that has already been submitted to eQHealth. Please be sure to include the required information. Review ID, The Service Code, the # of additional units needed and clinical documentation to support the need for the additional hours.**

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