

# FAX for Legal Verification of Personal Representative

<b>To:</b> Janine Macon	<b>From:</b>
Corporate Compliance Department	<b>Extension:</b>
<b>Fax:</b> (617) 972-9050	<b>Fax:</b>
<b>Date:</b>	<b># of Pages:</b>

<b>Member Name:</b>	<b>Member ID#:</b>
<b>Document to be Reviewed:</b> <input type="checkbox"/> DPOA/POA <input type="checkbox"/> Appointment of Guardian <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Administrator of Estate <input type="checkbox"/> Court Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other:	

For Review                     
  Expedited Review – Date Needed \_\_\_\_\_

**Comments:**

---



---



---



---



---

**CONFIDENTIALITY NOTICE:** The document(s) accompanying this FAX contain confidential information. The information is intended only for the use of the intended recipient named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information, except for purposes of returning this FAX to Tufts Health Plan, or directly delivering this FAX to the intended recipient named above, is strictly prohibited. If you have received this FAX in error, please notify us immediately by telephone.