

# **PINNACOL**

ASSURANCE

Medical Operations P.O. Box 469013 Denver, Colorado, 80246-9013

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## **MEDICAL RECORDS FAX**

**CLAIM #** \_\_\_\_\_

**PATIENT NAME** \_\_\_\_\_

**PINNACOL TOLL FREE FAX #:**  
**1-866-820-6134 OR 303-361-5910**

**FROM:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

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**PLEASE USE ONE FORM BETWEEN EACH  
RECORD YOU FAX. THANK YOU.**