



Fax Coversheet

TO: LTC Claims Dept

ATTN: R-02-B Long-Term Care
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Boston, MA 02117-0852

Phone: 800-233-1449
Fax: 617-572-7979

www.jhltcclaims.com

From:

Phone:

Fax:

Insured Information (Required)

Insured Name

Claim#:

LTC ID / Policy #:

Contents

Date:

Pages (including cover)

Included in this fax are the following:

- Claim Initiation Information
- Direct Deposit Information
- Assignment of Benefits Information
- Bill / Request for Reimbursement
- Other

Additional Comments

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