



*Fax*

Mayo Clinic Health System  
1216 2nd St SW  
Rochester, MN 55902

To: **Claims Department**

Date: **2/17/2022**

Company: **Worldwide Concierge**

Fax: **954-206-0014**

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Special Instructions:

From: **Tina**

Fax: **507-422-0923**

Phone:

Message:

**Please review and process this claim. ID# 685000222204.**

**Thank you.**

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