
To
Provider Name
Provider Fax

From
Requester
Provider Phone

Reveleer Test
Aarti Tambe
(855) 454-6166

Enter text here



Today's Date: 06/18/2024

Please select your preferred method to return medical records:

SECURE RECORD UPLOAD:

platform.reveleer.com/providergateway

PROVIDER UPLOAD PIN #: 00CA8557

Alternatively you can return records via fax @ **(818) 452-1199**

To	From	Reveleer Test
Provider Name	Requester	Aarti Tambe
Provider Fax	Provider Phone	(855) 454-6166

MEMBER PULL LIST

Please use this pull list to supply all supporting medical record documentation for all Members. If you have no record of this Member, mark "Member Not My Patient". If Member was not seen in the timeframe of the requested documentation, mark "Not Seen In Time Frame". Please return this pull list as the cover page, with all medical record documentation requested. Thank you in advance.

CHASE ID	MEMBER FIRST NAME	MEMBER LAST NAME	MEMBER ID	PROVIDERS	MEASURE	REVIEW PERIOD	MEMBER NOT MY PATIENT	NOT SEEN IN TIME FRAME	DOCUMENTS SUBMITTED
6167415	Erica	Wiltz	11024858000	Katsiaryna Chuprasava	CBP	01/01/2020 - 12/31/2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not able to provide medical records, please leave a reason below: