

# CSS FAX to IME COVERSHEET

Please submit only one (1) request at a time with a separate fax cover sheet for each submission.  
Avoid submitting several separate requests in the same submission to the IME. Thank you.

Please Type or Print Clearly

To: Rutgers UBHC IME UM Unit	Provider: From (Staff Name):
Fax # 732-235-5569	Provider Site Location:
Email: imecss@ubhc.rutgers.edu	Sender's email: Alternate email:
IME UM Phone: 844-463-2771	Sender's Phone: Extension:
No. of Pages Submitted counting this page:	Date Submitted:
Consumer Name (Last, First):	

Funding Source:  Medicaid  State

Reason for Submission to IME –check  all that apply:

Enrollment/Admission Form  Resubmission of Enrollment/Admission Form Request # \_\_\_\_\_

Change in Funding Source: From \_\_\_\_\_ to \_\_\_\_\_

Initial IRP  IRP Modification Form  IRP - Continuation of Care

Resubmission of IRP on "hold": Request # \_\_\_\_\_ Attn.: \_\_\_\_\_

↑↑IME UM Staff Name ↑↑

Other-Please specify: \_\_\_\_\_

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