



IMPORTANT NOTICE

From: Virginia Premier Health Plan, Inc.

To: %DESTINATION%
%RECIP_COMPANY%

Re: **FAX NUMBER REGISTRATION REQUEST**

Virginia Premier Health Plan, Inc. is requesting that a document containing confidential information be faxed to %RECIP_NAME% at fax number %DESTINATION%. This fax number **must be registered within 24 hours** as a secure fax destination in order to release documents to this fax machine.

Note: Once this fax number has been registered, all documents sent from Virginia Premier Health Plan, Inc. to this fax number will be automatically released for delivery. **This applies ONLY to this fax number.** In order to register other fax machines in your office, you must fax this form back to 866-284-1057 as soon as possible.

Is it true that only %DESTINATION% (or an authorized representative of this fax number) will be able to access a document that is faxed to %DESTINATION%? If so, please sign this Fax Number Registration Request in the space provided below and fax it back to Virginia Premier Health Plan, Inc. at 866-284-1057.

Name: _____

Signature: _____

Date: _____

Virginia Premier Health Plan, Inc. defines a secure fax destination as any device or system capable of receiving a fax where only the intended recipient (or an authorized representative of that recipient) will be able to access the fax that is received.