



Attention: Claims Department  
Rocky Mountain Health Plans

From: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Regarding Claim #: \_\_\_\_\_

Number of pages, including this cover sheet \_\_\_\_\_

Fax to RMHP 970-244-7880 or mail to:

Claims Department  
Rocky Mountain Health Plans  
PO Box 10600  
Grand Junction, CO 81502

Comments: \_\_\_\_\_  
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