

MAXIMUS Case Number:



\*CM14-555555\*

Document Type Requested:



\*Medical Records\*

Participant:



\*Injured Worker\*

Notice of Assignment sent:

<<Assigned Date>>

## **IMPORTANT!**

**Attach this page to any documents sent to  
MAXIMUS regarding this case.**

Documents sent without this cover page may not  
get attached to this case.

Please indicate the document type attached  
(Medical records, settlement letter, etc.)

Document(s): \_\_\_\_\_

Do not include information regarding another case with this cover  
page.