

Hello,

Attached is the Medical Waiver/Reasonable Alternative Standard form that was requested. Please have your physician complete the attached form.

Important Information for you:

It is your responsibility to make sure your doctor completes the waiver and that Marquee Health receives the form no later than the date shown above.

To avoid confusion Please call Marquee Health at ~~800~~2-2109 or email the RAS Administrator atras@mywellportal.com to confirm

HIPAA Medical Waiver/Alternative Standard

Please have your physician complete the information requested below

~~Return completed form via~~

Fax: (847)he form via

