To: Virginia PASRR  
Company: MAXIMUS  
Regarding: Client ID ___________  
Fax: 877.431.9568  
Phone: 877.431.1388  

Company: MAXIMUS  
From: _________________  
Phone: _________________  

Fax: 877.431.9568  
No. Of Pages (including cover sheet) _____  

Phone: 877.431.1388  
Submitter Type:  
☐ Hospital  ☐ Nursing Facility  
☐ Independent Contractor  

The following documents are included:  
☐ Release of Information  
☐ IQ and Adaptive Behavior Protocols  
☐ IC Scheduling Attestation  
☐ Medical Documentation  
☐ Other: ____________________________________________________________  

Comments: __________________________________________________________

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