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| A close up of a sign  Description automatically generated |

facsimile transmittal sheet

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| **to:** |  | **from:** |
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| **company:** |  | **date:** |
|  |  |  |
| **fax number:** |  | **TOTAL NO. OF PAGES, INCLUDING COVER** |
|  |  |  |
| **Phone number:** |  | **sender’s TELEFAX number:** |
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| **Re:** |  | **Your reference number:** |
|  |  |  |

🞎 Urgent  🞎 For Review 🞎 Please Comment 🞎 Please Reply

🞎 Please Recycle

# **notes/Comments:**

# **this is required under new state guidlines to get ABA therapy approved.**

# **Thank you**

**PLEASE REVIEW THE FOLLOWING AND LET US KNOW IF ANY ADDITION INFORMATION IS NEEDED.**

**PLEASE CALL ADMINISTRATOR WITH ANY QUESTIONS.**