



# Michigan Tech

To		Fax #	866-392-6519
From		Phone #	
Date		Number of pages <i>(including cover sheet)</i>	
EMP ID	<b>131459</b>		
<b>Massage Therapy Claim – Please include the following:</b>			
<input type="checkbox"/> Current Prescription	<input type="checkbox"/> Proof of Payment	<input type="checkbox"/> Provider's Bill	

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