

Mahl's Medical Review

4634 Hidalgo Ave., San Diego, CA 92117
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Fax Transmittal Form

Date: _____

Total Pages: _____

To: Mahl's Medical Review

From: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

Please review the attached medical bills:

Claimant Name: _____

Date of Birth: _____

Vessel/Employer Name: _____

Date of Injury: _____

Claim Number: _____

Ins. Information: _____

If you should have any questions or concerns please feel free to give me a call at:

Office Phone: 858-274-9648 - Fax: 858-274-5830

Additional Phone: 858-274-1375.

Thank you, Carol Mahl

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