FAX

Cover Sheet

TO		FROM	
Name:	Dana Brooks, Claims Dept.	**Name:**	Alex Moreno
Company:	Lakeside Insurance Co.	**Company:**	Moreno Family Dental
Fax:	(555) 014-2290	**Fax:**	(555) 017-3341
Phone:	(555) 014-2200	**Phone:**	(555) 017-3300
Date:	11/09/2026	**Pages:**	4 (including this cover sheet)

Re: Claim #A-20418: itemized bill and X-ray report

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ For Your Records

Comments:

Dana, attached are the itemized bill (2 pages) and the X-ray report (1 page) you asked for on our call today.

Please call me at (555) 017-3300 if anything is missing.
Thank you, Alex

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