

Amaze Professional Medical Services, LLC

Phone: 720-577-5251

Fax: 720-780-7057

**Clinic name/Phone that Amaze Health is referring to:**

**Patient Name:**

**Date of Birth:**

**Phone # / Email (if applicable):**

**Insurance Name / Member ID# / Group #:**

**Test/Service Requested:**

**ICD10 Code(s) / Diagnoses:**

Please send all results to Member.Services@AmazeHealth.com or fax them to 720-780-7057. Contact us if there are any further questions or concerns.

Provider Signature. Date:

Printed Name:

NPI # / License #: