



FAX COVER SHEET

To: \_\_\_\_\_ From: \_\_\_\_\_

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Re: \_\_\_\_\_ Cc: \_\_\_\_\_

**Finger Lakes Office**  
75 Lafayette Ave  
Canandaigua, NY 14424  
Phone: 315-651-6970  
Fax: 315-220-8044

**Rochester Office**  
687 Lee Rd. Suite C-185  
Rochester, NY 14606  
Phone: 585-413-3752  
Fax: 585-484-2810

**Niagara Falls Office**  
3900 Packard Rd.  
Niagara Falls, NY 14303  
Phone: 716-285-8070  
Fax: 716-285-8250

**Olean Office**  
343 North Union St.  
Olean, NY 14760  
Phone: 716-376-9996  
Fax: 716-379-8408

**Jamestown Office**  
421 E. 2<sup>nd</sup> St., Suite 2F  
Jamestown, NY 14701  
Phone: 716-870-8857  
Fax: 716-483-1613

Dear Provider,

Sincerely,

Health Home Care Manager

**Confidentiality Notice:**

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