



Supporting Documentation Cover Sheet

For paper documentation sent in **separately** from the claim

Complete a **separate** SUPPORTING DOCUMENTATION COVER SHEET for **each Member** for whom you are submitting paper documentation.

Medical Record Number (MRN): _____

Member's Name: _____ Member's DOB _____

Practitioner's/Provider's Name _____

Kaiser Permanente Assigned Provider ID#: _____ AND TIN # _____

Date(s) of Service: _____

Kaiser Permanente Assigned Claim Number (if known): _____

Documentation Attached: (check all that apply)
<input type="checkbox"/> Adjustment Request <input type="checkbox"/> Admitting Notes <input type="checkbox"/> Appeal Submission <input type="checkbox"/> Audit Response <input type="checkbox"/> ER Report
<input type="checkbox"/> EOP/EOMB/MSN <input type="checkbox"/> Itemized Bill/Invoice <input type="checkbox"/> Medical Records <input type="checkbox"/> Office/Physician Notes
<input type="checkbox"/> Operative Report <input type="checkbox"/> Provider Correspondence <input type="checkbox"/> Referral <input type="checkbox"/> Returned Check/Overpayment
Other (please specify) _____

Attach this cover sheet to each Member's paper documentation with a **paper clip**, and mail to the following address:

**Kaiser Permanente
P.O. Box 5316
Cleveland, OH 44101**