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Medicare Part B Fax/Mail Cover Sheet

for Submitting **UNSOLICITED** Paperwork (PWK) Segments

Complete all fields and fax to **877-439-5479** or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		ICN:
Beneficiary: Last Name	First Name	HICN:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		
Contact Name:		Contact Phone Number:
NPI:	Total Number of Documentation Pages: (including cover sheet):	
State Where Services Were Provided: <i>(select one)</i>		

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