

### Medicare Part B Fax/Mail Cover Sheet

**Complete all fields** and fax 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:		Contract and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):
Additional Information/Comments		

State Information (State in which services were rendered)	State Information (State in which services were rendered)
INDIANA WPS Medicare Part B P.O. Box 8580 Madison, WI 53708-8580 Fax#: (608) 224-3505	MICHIGAN WPS Medicare Part B P.O. Box 8939 Madison, WI 53708-8939 FAX#: (608) 224-3503

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