



Electronic Data Interchange (EDI) Fax Cover Sheet



This fax cover sheet is **ONLY** to be used to fax general Electronic Data Interchange (EDI) correspondence to EDI services.

The EDI fax cover sheet is **NOT** to be used for any medical documentation or as a cover sheet with the EDI enrollment forms.

Required information

Contact name:	Company:
Fax number:	Date:
Phone number:	Total number of pages including cover:
Contact person's email address:	
NPI:	Provider Transaction Access Number (PTAN):
Contract/State (required):	Line of business:
Reference number <i>(Please specify this number if you were assigned one by an EDI representative):</i>	

RE:

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**Complete coversheet, print, and fax along with any additional EDI documents to:
1 (877) 439-5479**

Please do not send duplicate requests.