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Medicare Part A Fax/Mail/esMD 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):		DCN:
Beneficiary: Last Name	First Name	Medicare ID:
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):
Reason Code:		

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