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**Electronic Data Interchange (EDI)**
Fax Cover Sheet

**NOVITAS** SOLUTIONS

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

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| 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 *(Please specify this number if you were assigned one by an EDI representative)*: | |

## RE:

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

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