

Medicare Part A Fax/Mail Cover Sheet

PWK ONLY!

Complete all fields and fax to 1.615.660.5981 or mail the form to the address provided at the bottom of the page. Complete **ONE (1)** Medicare Fax Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN (optional):

Exactly as entered in the PWK loop on the claim

Beneficiary Last Name:	Beneficiary First Name:	Medicare ID:
Date(s) of Service (from):	Date(s) of Service (to):	Total Claim Billed Amount:
Billing Provider's Name:	PTAN:	
Contact and Phone Number:	NPI:	
State Where Services Were Provided:	Total Number of Documentation Pages (including cover sheet):	

Notes:

SENDER INFORMATION:

Name:	Fax Number:
Company Name:	Phone Number:

Address:

City:	State:	Zip:
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Fax Number: 1.615.660.5981

Address: Part A Claims
PO Box 20211
Nashville, TN 37202-0211

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