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Medicare Part B 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. Complete **ONE (1)** Medicare Fax, Mail or Electronic Submission of Medical Documentation (esMD) 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 PWK loop on the claim)		ICN:
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):
State Where Services Were Provided: (select one):		

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