

Medicare PWK Fax Cover Sheet

ACN: (Exactly as entered in the PWK loop on the claim)

ICN:

Beneficiary Last Name:

Beneficiary First Name:

Medicare ID:

Date of Service Start:

 / /

Date of Service End:

 / /

Total Claim Billed Amount:

Billing Providers Name

Billing Provider Phone Number:

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NPI:

Total Number of Documentation Pages: (Including Cover Sheet)

Comments:

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