



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



## Claims Processing PWK Fax Cover Sheet

**ALL fields are REQUIRED.**

Complete one PWK Fax Cover Sheet for each electronic claim for which documentation is being submitted.  
This form should not be submitted prior to filing the claim.

### Instructions for Completing the Medicare PWK Fax Cover Sheet When Submitting Additional Documentation

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:

 (  )  - 

NPI:

Total Number of Documentation Pages: (Including Cover Sheet)

Comments:

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Please send this form and all additional documentation to

**Fax: (803) 870-0161**

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