national government SERVICES

A CMS Medicare Administrative Contractor

MEDICARE

Medicare Part B PWK Fax/Mail/esMD Cover Sheet

Complete all fields then fax, mail, or submit this form via the electronic submission of medical documentation (esMD) system to the applicable address/number provided at the bottom of the page. Complete **one** Medicare J6 Part B PWK Fax/Mail/esMD cover sheet for each electronic claim for which documentation is being submitted.

This form should not be submitted prior to filing the claim and should only be submitted for J6 Part B PWK claims.

Attachment Control Number (ACN) (Exactly as entered in the PWK loop on the claim):		Claim Control Number (CCN):
Beneficiary: Last Name	First Name	Medicare Beneficiary Identifier (MBI):
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact Name and Phone Number:
National Provider Identifier (NPI):		Fax Number (If fax is not available at your office, enter "None"):
Complete Address of Provider:		
Provider Transaction Access Number (PTAN):		Total Number of Documentation Pages (including cover sheet):

Reserved for Office Use

Jurisdiction 6: Illinois, Minnesota and Wisconsin
National Government Services Attn: PWK Part B J6 P.O. Box 6475 Indianapolis, IN 46206-6474 **Fax:** 315-442-4115