National Government Services

A CMS Medicare Administrative Contractor

MEDICARE

Medicare FQHC 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 (1)** Medicare FQHC 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.

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

Reserved for Office Use

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