

A CMS Medicare Administrative Contractor

Medicare JK 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 (1)** Medicare JK 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 JK Part B PWK claims.

| | | |
|---|------------|--|
| Attachment Control Number (ACN) (Exactly as entered in the PWK loop on the claim): | | Internal Control Number (ICN): |
| Beneficiary: Last Name | First Name | Medicare ID/Medicare Beneficiary Identifier Number (MBIN): |
| 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): | | Total Number of Documentation Pages (including cover sheet): |
| Provider's Complete Address: | | |

| |
|--------------------------------|
| Reserved for Office Use |
| |

| |
|---|
| JK Part B: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont |
| National Government Services Attn: PWK Part B JK P.O. Box 7108 Indianapolis, IN 46207-7108 Fax: 315-442-4122 |

This document is intended solely for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or individual responsible for delivering the message to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this information is strictly prohibited. If you receive this communication in error, please advise us by telephone and destroy these papers.