

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):
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