



13613

\* Please Do Not Copy \*



# Medicare Part A Fax/Mail Cover Sheet

for Submitting **UNSOLICITED** Paperwork (PWK) Segments

**Complete all fields** and fax to **877- 439-5479** or mail the form to the applicable address/ number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		DCN:
Beneficiary: Last Name	First Name	HICN:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		
Contact Name:		Contact Phone Number:
NPI:		Total Number of Documentation Pages: (including cover sheet):
Reason Code:		

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.



P.O. Box 3385  
Mechanicsburg, PA 17055-1840  
[www.novitas-solutions.com](http://www.novitas-solutions.com)

