





## Medicare Part B Fax/Mail/esMD Cover Sheet

for Submitting UNSOLICITED Paperwork (PWK) Segments

Complete all fields then submit this form via the Electronic Submission of Medical Documentation (esMD) system or by fax/mail to the applicable address or number provided at the bottom of the page. Complete ONE (1) Medicare 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. Please use ALL CAPS for your entries.

| ACN: (Exactly as entered in the PWK loop on the claim):  |  | ICN:  |
|--|--|---|
| Beneficiary: Last Name   | First Name   | MEDICARE ID:  |
| Date(s) of Service: From   | То   | Total Claim Billed Amount:                                    |
| Billing Provider's Name:   |  |   |
| Contact Name:  |  | Contact Phone Number:   |
| NPI:   |  | Total Number of Documentation Pages: (including cover sheet): |
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