





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 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):
Please provide a complete return mailing address along with any additional information needed here:		

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.

Florida

First Coast Service Options, Inc. P.O. Box 2009 Mechanicsburg, PA 17055-0709 Fax: (904) 361-0838

Puerto Rico

First Coast Service Options, Inc. P.O. Box 2004 Mechanicsburg, PA 17055-0704 Fax: (904) 361-0828

U.S. Virgin Islands

First Coast Service Options, Inc. P.O. Box 2004 Mechanicsburg, PA 17055-0704 Fax: (904) 361-0527

medicare.fcso.com

(R 3/18/24)



