



Additional Documentation Narrative Fax Cover Sheet

ALL fields are REQUIRED.

Provider Information

Patient and Claim Information

Provider Name:

Patient Name:

Contact Name:

Medicare Beneficiary Identifier (MBI/HIC):

Fax Number:

Phone Number:

Claim Date(s) of Service

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From:

To:

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National Provider Identifier (NPI):

CPT/HCPCS Code:

CPT/HCPCS Code:

Provider Number (PTAN):

INSTRUCTIONS:

Providers who submit claims electronically may fax additional required documentation (e.g. operative reports, discharge summaries, etc.). Refer to the Medicare Advisory and Palmetto GBA Local Coverage Determinations to determine when additional documentation is required.

Please complete this form in its entirety and include it with your additional documentation. Do not use this fax cover sheet for any other purpose. Please ensure you complete the actions listed below.

- The documentation must be faxed on the same day or up to two days prior to the electronic claim submission. The word 'FAX' must be indicated in the documentation record of the electronic claim submission.
- This fax cover sheet must accompany each document. Each field of the fax cover sheet must be completed and accurate. Type or write the information legibly.
- Please limit your fax to a maximum of 100 pages, including cover sheets.

Failure to use this form correctly may result in incorrect payment or denial of your claim.

Special Instructions:

CONFIDENTIALITY NOTICE

The document being transmitted contains, private, privileged and confidential information belonging to the sender and intended for use by the addressee only. If this transmission is received by anyone other than the addressee, please advise the sender immediately to arrange for the return of these documents. In such circumstances you are advised that you may not review, disclose, copy, distribute or take any other action in connection with the documents transmitted.

