

Medicare HH&H Fax/Mail Cover Sheet

PWK ONLY!

Complete all fields and fax to 1.615.660.5981 or mail the form to the address provided at the bottom of the page. Complete **ONE (1)** Medicare Fax Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN (optional):

CPT/HCPCS code:

Exactly as entered in the PWK loop on the claim

Beneficiary Last Name:

Beneficiary First Name:

Medicare ID:

Date(s) of Service (from):

Date(s) of Service (to):

Total Claim Billed Amount:

Billing Provider's Name:

PTAN:

Contact and Phone Number:

NPI:

State Where Services Were Provided:

Total Number of Documentation Pages (including cover sheet):

Notes:

SENDER INFORMATION:

Name:

Fax Number:

Company Name:

Phone Number:

Address:

City:

State:

Zip:

Fax Number: 1.615.660.5981

Address: CGS
HH&H General Correspondence
PO Box 20014
Nashville, TN 37202

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.



CGS®

A CELERIAN GROUP COMPANY

Revised March 27, 2018.
© 2018 CGS Administrators, LLC.

