

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

PWK segments are not necessary on all electronic claims submitted, since not all claims require Additional Documentation Requests (ADRs). PWK should only be used when a provider recognizes that the submitted claim may require an ADR. **If you are under a Targeted Probe and Educate (TPE) review, please wait for receipt of the ADR letter before sending in documentation.** 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 Part B 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):

ICN:

Beneficiary Last Name:

Beneficiary First Name:

Medicare ID:

Date(s) of Service:

to:

Total Claim Billed Amount:

Billing Provider's Name:

Contact Name:

Contact Phone Number:

NPI:

State Where Services Were Provided:

Total Number of Documentation Pages (including cover sheet):

Additional Information/Comments:

**Mailing Addresses/Fax Numbers:**

Iowa: WPS GHA Part B, PO Box 8550, Madison, WI 53708-8550, Fax: (608) 223-7542  
Kansas: WPS GHA Part B, PO Box 7238, Madison, WI 53708-7238, Fax: (608) 223-7548  
Missouri: WPS GHA Part B, PO Box 14260, Madison, WI 53708-0260, Fax (608) 223-7546  
Nebraska: WPS GHA Part B, PO Box 8667, Madison, WI 53708-8667, Fax (608) 223-7544

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