



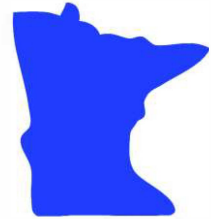
Administrative

Uniformity

Committee

Uniform COVER SHEET For Health Care Claim Attachments

NOTE: To maximize use of this form, use of Microsoft Word version 2003 or later is recommended



Hennepin Health Moving Expense Fax Cover sheet

TO: Fax#: 612-321-3786

Name: Click or tap here to enter text.

Fax#: Click or tap here to enter text.

Attachment Control Number:

Click or tap here to enter text.

Billing Provider ID#:

Click or tap here to enter text.

Billing Provider Name:

Click or tap here to enter text.

Patient ID#:

Click or tap here to enter text.

Patient Name:

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| (Last) | (First) | (Middle) |

Property and Casualty Claim #:

text.

ckkoraphertoeter

Attachment Send Date:

Click or tap here to enter text.

Total Number of Pages:

Click or tap here to enter text.

Contact Name/Phone#:

Click or tap here to enter text.

Disclaimer: Click or tap here to enter text.

| | INSTRUCTIONS |
|---|---|
| Attachment Control Number | <ul style="list-style-type: none"> • Create a unique Attachment Control Number* of SO-characters or less • Enter that Attachment Control Number either: <ul style="list-style-type: none"> • In the paperwork (PWK06) segment in Loop 2300 of the 837 • In the appropriate field on your claim if entered via a direct data entry (DOE) method, like MN-ITS Interactive or Orbit <p>Refer to Minnesota Uniform Companion Guide v16.0 for the 837P, Section 2.5.</p> <p>*Attachment control numbers are created by each provider using their own numbering scheme and must be unique for a particular attachment within a billing provider. Unique in this situation means for each PWK06 segment there is an individual number that must match the attachment cover sheet. You may have multiple cover sheets and multiple PWK06 segments for the same claim.</p> <p>Failure to complete this field accurately may result in rejection of the entire claim.</p> |
| Billing Provider D Number | <p>Enter your NPI, UMPI, or payer assigned legacy ID number. Do not submit more than one provider ID number. For dental providers, submit the NPI of the "pay to" provider.</p> <p>For Current Version of ANSI 837 Use: X12: NPI: Loop 2010AA, NM109 Legacy ID (for atypical providers only): Loop 2010BB, REF02</p> |
| Billing Provider Name | <p>Enter your billing provider name. For dental providers, include the name of the "pay to" provider.</p> <p>X12: Loop 2010AA, NM103, NM104 and NM105</p> |
| Patient D Number | <p>Enter the patient's unique ID as assigned by the payer/group purchaser.</p> <p>For Current Version of ANSI 837 Use: X12: Loop 2010BA, NM109</p> |
| Patient Name Last First Middle | <p>Enter the patient's name as reported on the claim.</p> <p>For Current Version of ANSI 837 Use: X12: Loop 2010CA, NM103, NM104, and NM105 or Loop 2010BA, NM103, NM104, and NM105. If both are populated within the claim, use Loop 2010CA, NM103, NM104, and NM105.</p> |
| Property and Casualty Claim D Number | <p>This field is required only if services are related to a Property & Casualty claim.</p> <p>X12: Loop 2010CA, REF02 or Loop 2010BA, REF02.</p> |
| Attachment Send Date | <p>Enter the date you will send the attachment and this Cover Sheet in MMDDYY format.</p> |
| Total Number of Pages | <p>Enter the total number of pages of your attachment including the Attachment Cover Sheet</p> |
| Contact Name / Phone Number | <p>Enter the name and phone number of the individual or department in your organization for the payer/group purchaser to contact in case of fax transmission error</p> |