



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



TO: Itasca Medical Care Fax - 218-327-5545

Tab or use your arrow keys to navigate to the next or previous text field.
For specific field directions refer to the

[Instructions](#)

Attachment Control Number:

Billing Provider ID #:

Billing Provider Name:

Patient ID #:

Patient Name:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

(Last)

(First)

(Middle)

Property and Casualty Claim #:

Attachment Send Date:

Total Number of Pages:

Contact Name/Phone #:

Disclaimer:

| | INSTRUCTIONS |
|---|--|
| Attachment Control Number | <ul style="list-style-type: none"> • Create a unique Attachment Control Number* of 50-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 (DDE) method, like MN-ITS Interactive or Orbit <p>Refer to Minnesota Uniform Companion Guide for the 837, Section 3.2.5</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> |
| Billing Provider ID Number | <p>Enter your NPI, UMPI, or payer assigned legacy ID number.</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.</p> <p>X12: Loop 2010AA, NM103, NM104 and NM105</p> |
| Patient ID 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 ID 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> |

Return to [Attachments](#)