

PWK (Paperwork) SUPPLEMENTAL CLAIM INFORMATION COVER SHEET

Date: _____ Number of pages (including cover sheet): _____

Attention: Document Preparation/Image
Fax Number: (888) 910-9601
Mailing Address: Highmark Blue Cross Blue Shield Delaware
PWK (Paperwork) Additional Documentation
PO Box 8832
Wilmington, DE 19899

From (Provider Name): _____

Fax Number: _____ Phone Number: _____

Office Contact (Sender) Name: _____

Please check one of the following:

This is a first time submitting electronic claim with the PWK indicator reported on the claim.

Patient account number: _____

This information is for a claim already received by Highmark Blue Cross Blue Shield Delaware.

Highmark Blue Cross Blue Shield Delaware claim number: _____

Patient Name: _____

Subscriber Id Number: _____

Service Date: _____ Total Charges: _____

Provider Legacy and/or NPI Number: _____

Attachment Control Number: _____

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