

## 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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