



ELECTRONIC CLAIM ATTACHMENT COVER SHEET (PWK)

Date: _____ **Number of Pages (including cover sheet)** _____

Attention: CDC AREA

Fax Number: (844) 235-7266

Mailing Address: Highmark WV, PO Box 7026, Wheeling, WV 26003

From (Provider Name): _____

Office Contact (Sender) Name: _____

Fax Number: _____ **Phone Number:** _____

Please check one of the following:

This is a first time submitted electronic claim with the PWK indicator reported on the claim. Patient account number _____

This information is for a claim already received by Highmark WV. Highmark WV claim number _____

Patient Name: _____

Subscriber ID Number (Including Alpha Prefix): _____

Service Date: _____ **Total Charges:** _____

Provider NPI Number: _____

Attachment Control Number: _____

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