



**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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