

# Supporting Documentation – Standard Cover Sheet

Health Plan: \_\_\_\_\_ Product: \_\_\_\_\_

Attention: \_\_\_\_\_

Date Cover Sheet Prepared: \_\_\_\_\_

◆ Use ONE cover sheet per submitted claim & **DO NOT** attach a copy of the claim. ◆  
**DO NOT** use for a corrected claim OR request for review.

## Original Claim

Number (from voucher): \_\_\_\_\_



Check here if claim was submitted electronically

## Claim Identification Information:

Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Patient Date of Birth:   -   -     Date(s) of Service: \_\_\_\_\_

Provider of Service: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Subscriber/Member ID# with prefix (when appropriate): \_\_\_\_\_

Subscriber's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

## Provider Office Contact Person:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other information: \_\_\_\_\_

## Comments (Optional):

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## List of the documentation you attached:

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