

EDI Attachment Form



Please use this form as a cover sheet for any supporting documentation necessary to go along with an electronically submitted claim. Be sure to direct the supporting documentation with the coversheet to the appropriate fax line to ensure timely match up with the claim.

Date: _____

Institutional
Professional
Behavioral Health

Fax: 803-462-3988
Fax: 803-462-3989
Fax: 803-462-3990

FROM:

Beneficiary Zip Code: _____
Provider Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Tax ID#: _____

MESSAGE:

Sponsor's SSN: _____
Date of Service (from and to): _____
Patient's Name: _____
Total Amount Billed: _____
Claim Number (when available): _____
Comments on Attachments: _____

Signature (required): _____

The information transmitted is intended only for the person or entity for which it is addressed and may contain CONFIDENTIAL material. If you receive this information in error, please contact the sender and destroy the information.
This form is not intended to be a fax cover sheet.

Please call PGBA at 800-403-3950 if you are having problems sending a fax or have additional questions regarding this form.