## **PWK (Paperwork) Supplemental Claim Information Cover Sheet**

MEMBER ID NUMBER:						
PATIENT NAME:						
PROVIDER ID NUMBER:						
DATE(S) OF SERVICE:	mm	dd	уу	mm	dd	уу
ATTACHMENT CONTROL	NUMBER					

When faxing your additional documentation, the following fax number should be used:

717 - 302 - 3686

When mailing your additional documentation, the following address should be used:

PWK (Paperwork) Additional Documentation P.O. Box 890176 Camp Hill, PA 17089-0176