

Claims Attachment Cover Sheet

Please fax completed cover sheets to PrimeWest Health at **1-320-762-1805**. A separate cover sheet must be sent with each attachment.

Attachment control number

Billing provider ID #

Billing provider name

Patient ID #

Patient name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Last)

(First)

(Middle)

Property and casualty claim #

Attachment send date

Number of pages

Contact name/phone #

Comments