



COVER SHEET

For Health Care Claim Attachments

Fax to: Aspirus Health Plan 715-787-7308

Tab or use your arrow keys to navigate to the next or previous text field.
For specific field directions refer to the [Instructions](#)

Attachment Control Number:

Billing Provider ID: Number:

Billing Provider Name:

Patient (Member) ID Number:

Patient Name (Last, First, Middle):

**Property and Casualty Claim ID
Number:**

Attachment Send Date:

Total Number of Pages:

Contact Name and Phone Number:

	INSTRUCTIONS
<u>Attachment Control Number</u>	<ul style="list-style-type: none"> • Create a unique Attachment Control Number of 50-characters or less • Enter that Attachment Control Number either: <ul style="list-style-type: none"> • In the paperwork (PWK06) segment in Loop 2300 of the 837
<u>Billing Provider ID Number</u>	<p>Enter your NPI or payer assigned legacy ID number.</p> <p>For Version 4010 use: X12: Loop 2010AA, NM109 or 2010AA, REF02</p> <p>For Version 5010 use: X12: NPI: Loop 2010AA, NM109</p> <p>Legacy ID (for atypical provider only): Loop 2010BB,REF02</p>
<u>Billing Provider Name</u>	<p>Enter your billing provider name.</p> <p>X12: Loop 2010AA, NM103, NM104 and NM105</p>
<u>Patient ID Number</u>	<p>Enter the patient's unique ID as assigned by the payer/group purchaser.</p> <p>For Version 4010 use: X12: Loop 2010CA, NM109 or Loop 2010BA, NM109. If both are populated within the claim, use Loop 2010CA, NM109.</p> <p>For Version 5010 use: X12: Loop 2010BA, NM109</p>
Patient Name <u>Last</u> <u>First</u> <u>Middle</u>	<p>Enter the patient's name as reported on the claim.</p> <p>For Version 4010 use: X12: Loop 2010CA, NM103, NM104, and NM105 or Loop 2010BA, NM103, NM104, and NM105. If both are populated within the claim, use Loop 2010CA, NM103, NM104, and NM105.</p> <p>For Version 5010 use: X12: Loop 2010CA, NM103, NM104, and NM105 or Loop 2010BA, NM103, NM104, and NM105. If both are populated within the claim, use Loop 2010CA, NM103, NM104, and NM105.</p>
<u>Property and Casualty Claim ID Number</u>	<p>This field is required only if services are related to a Property & Casualty claim.</p> <p>X12: Loop 2010CA, REF02 or Loop 2010BA, REF02.</p>
<u>Attachment Send Date</u>	<p>Enter the date you will send the attachment and this Cover Sheet in MMDDYY format.</p>
<u>Total Number of Pages</u>	<p>Enter the total number of pages of your attachment including the Attachment Cover Sheet</p>
<u>Contact Name / Phone Number</u>	<p>Enter the name and phone number of the individual or department in your organization for the payer/group purchaser to contact in case of fax transmission error</p>