



## PWK (Paperwork) Fax Cover Sheet

- Only submit documentation that is required for claim adjudication
- Attachments associated with incomplete cover sheets may be discarded
- Submit only one (1) cover sheet for each electronic claim.

Field Descriptions	
Field Name	Instructions
<b>PWK06 Attachment Control #</b>	Enter the value exactly as it appears in Loop 2300 element PWK06 of the EDI claim.
<b>Claim's Trace / Encounter #</b>	Enter the value that Availity assigned to the claim when it was accepted.
<b>Inmate's CDCR #</b>	Enter the CDCR number assigned to the inmate who is the subject of the claim.
<b>Inmate's First and Last Name</b>	<b>Last Name:</b> Enter the Inmate's last name
	<b>First Name:</b> Enter the Inmate's first name
<b>Date(s) of Service</b>	<b>From:</b> Enter the claim's "From" date of service
	<b>To:</b> Enter the claim's "To" date of service
<b>Provider's Tax ID # or NPI # (only one required)</b>	<b>Tax ID #:</b> Enter the provider's 9-digit identifier as submitted on the claim.
	<b>NPI #:</b> Enter the provider's 10-digit NPI number issued by the NPI Enumerator as submitted on the claim.
<b>Number of Pages</b>	The total number of pages being sent to CCIH <u>including the cover sheet</u> .
SENDER INFORMATION	
<b>Name:</b>	Enter your name
<b>Fax #:</b>	Enter your fax number.
<b>Company Name:</b>	Enter the name of your company
<b>Address:</b>	Enter the complete individual or company mailing address
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

Note: If an attachment is required to adjudicate the associated claim, CorrectCare must receive it within ten (10) calendar days of the electronic claim's submission date; otherwise CorrectCare may reject the associated claim.



**CorrectCare**  
INTEGRATED HEALTH

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PWK06 Attachment Control #	
Claim's Trace / Encounter #	
Inmate's CDCR #	
Inmate's First and Last Name	Last Name:
	First Name:
Date(s) of Service	From:
	To:
Provider's Tax ID # or NPI # (only one required)	Tax ID #:
	NPI #:
Number of Pages	Total number of pages being sent to CCIH <u>including the cover sheet</u> :
SENDER INFORMATION	
Name:	
Fax #:	
Company Name:	
Address:	
City:	
State:	
Zip:	
<p><b>Fax completed form and attachment to (844) 836-7475</b></p>	

SupportingAttachmentCoverSheet\_1.1\_20210816

Note: If an attachment is required to adjudicate the associated claim, CorrectCare must receive it within ten (10) calendar days of the electronic claim's submission date; otherwise CorrectCare may reject the associated claim.