



CareOregon Paperwork (PWK) Fax Cover Sheet

Complete all fields and fax the form to the number provided at the bottom of the page. Complete **ONE (1)** Fax Cover Sheet for each electronic claim for which documentation is being submitted. **This form should not be submitted prior to filing the claim.**

Account or Patient Control #:	Document Control #, if known:	Claim ID, if known:
Last Name:	Medicare/Medicaid ID #:	
First Name:	Middle Initial:	
Date of Birth:	Date(s) of Service: From	Date(s) of Service: To
Billing Provider:	NPI:	TIN:
Total Charges	Total Number of Documentation Pages (including cover sheet):	

Notes

Sender Information – Person Completing This Form	
Your Name:	Fax #:
Company Name:	Phone #:

Fax Number: (503) 416-8115

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