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CLAIM SUBMISSION : COVER SHEET

MEANS OF SUBMISSION:

(Mark 'X' in the appropriate box)

ON-LINE, REAL-TIME	EDI	MANUAL
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FIRST SUBMISSION	YES	NO
RESUBMISSION	YES	NO

CLAIMS DETAILS:

DATE SUBMITTED	
BATCH NUMBER	
TOTAL CLAIMS ATTACHED	
CLAIM TOTAL AMOUNT	

SERVICE PROVIDER DETAILS:

PRACTICE NAME		SERVICE PROVIDER STAMP
PRACTICE NUMBER		
CONTACT PERSON		
TELEPHONE NO.		

(For Office Use Only)

CLAIMS RECEIVED BY: (PRINT NAME & SIGNATURE)	
DATE RECEIVED	