



# Paperwork Attachment Cover Sheet

**Paperwork Attachment Control Number** \_\_\_\_\_

**Date of Service** \_\_\_\_\_

**Billing NPI/API** \_\_\_\_\_

**Member ID Number** \_\_\_\_\_

**Type of Attachment** \_\_\_\_\_

## Instructions

This form is used as a cover sheet for attachments to electronic and paper Montana Healthcare Programs (Medicaid, Healthy Montana Kids, Mental Health Services Plan, and Indian Health Service) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the member's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 9999999999-999999999-99999999/Atypical Provider ID: 9999999-9999999999-99999999).

This form may be downloaded from the Provider Information website (<http://medicaidprovider.mt.gov/>).

If you have questions about paper attachments that are necessary for a claim to process, call Provider Relations at 1-800-624-3958 or 406-442-1837.

Completed forms can be mailed or faxed to:

P.O. Box 8000  
Helena, MT 59604  
**Fax:** 1-406-442-4402