



Not Enrolled with Medicare- Provider Attestation Form

Please attach a copy with each claim submittal and mail directly to:
Montana Medicaid
PO Box 8000
Helena, MT 59604

Electronic claims must use loop 2300, PWK segment to indicate paperwork is being sent and the Paperwork Attachment Control Number sent on the claim must match the Attachment Control number on the Paperwork Attachment Cover Sheet. The Paperwork Attachment Cover Sheet along with supporting documents are then faxed/mailed. Alternatively, the MPATH Provider Services Portal claims entry supports electronic upload of files eliminating the need for the coversheet and fax/mail process. Visit the Electronic Billing tab of the Montana Healthcare Programs Provider Website for detailed instructions. The Paperwork Attachment Cover Sheet is available on the Montana Healthcare Programs Provider Website in the Forms tab.

This Attestation is good for one year from date of signature. Please attach any related documentation.

Provider's National Provider Identifier (NPI): _____

Provider's name: _____

Provider's address: _____

Attestation Contact Name: _____

Contact Phone Number: _____

Contact E-mail: _____

Provider- Based Facility/Organization's name: _____

Health Care Provider Attestation

Health Care Provider Name: _____

I hereby attest that the information on this form is true and accurate and that I am **NOT** enrolled as a Medicare provider.

Signature: _____ Date: _____