

**FORWARDHEALTH
CLAIM FORM ATTACHMENT COVER PAGE INSTRUCTIONS**

Paper attachments that correspond to electronic claim transactions must be submitted with the Claim Form Attachment Cover Page, F-13470. The use of this form is mandatory when submitting paper attachments with electronic claim submissions; any other format of the Claim Form Attachment Cover Page will be returned to the provider unprocessed.

The attachment control number (ACN) selected by the provider must be indicated on the cover page in order to match the electronic claim with the paper attachment.

ForwardHealth will hold an electronic claim transaction or a paper attachment(s) for up to seven calendar days to find a match. If a match cannot be made within seven days, the claim will be denied. When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.

Providers are required to send paper attachments relating to electronic claim transactions to the following address:

ForwardHealth
Claims and Adjustments
313 Blettner Blvd
Madison WI 53784

INSTRUCTIONS

Type or print clearly. The ACN entered on this form must match the ACN entered on the electronic claim submission.

Date Transmitted

Enter the date the electronic claim was submitted, if known.

Attachment Control Number (ACN)

Enter the number selected by the provider that matches the ACN submitted on the electronic claim. The ACN can be any alphanumeric entry between two and 80 characters in length.

Provider Number

Enter the provider number of the billing provider.

Member ID Number

Enter the member ID of the member for whom the claim was submitted.