



Paperwork Attachment Cover Sheet

Instructions

This form is used as a cover sheet for attachments to electronic Montana Healthcare Programs 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 items below, each separated by a dash (NPI: 9999999999-9999999999-9999999999/Atypical Provider ID: 99999999-9999999999-99999999)

- Provider's NPI/API
- Member's ID number
- Date of service (mmddyyyy)

The Paperwork Attachment Cover Sheet is on Forms page of the [Provider Information website](https://medicaidprovider.mt.gov/forms), <https://medicaidprovider.mt.gov/forms>.

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

Completed forms can be mailed or faxed to:

P.O. Box 8000
Helena, MT 59604
Fax (406) 442-4402

Paperwork Attachment Control Number _____

Date of Service _____

Billing NPI / API _____

Member ID Number _____

Type of Attachment _____