EXHIBIT 6.4
Attachment Cover Sheet
Wyoming EqualityCare Program

Attachment Cover Sheet

Please use this form when submitting a claim electronically which requires an attachment. The attachment can be submitted on paper along with this cover sheet. If this cover sheet is not attached to your documentation your request CANNOT be processed. You MUST submit one cover sheet for each type of document. Documents sent without a cover sheet will be shredded.

Provider Name

_____

Provider or NPI Number | | | | | | | | | | |

Client Name

_____

Client EqualityCare ID Number | | | | | | | | | | |

Date of Service (MMDDYY) | | | | | | |

Type of Document – One must be checked

- ❑ **C – Consent Form (Abortion, Hysterectomy, Sterilization)**
- ❑ **H – Hospice Waiver**
- ❑ **I – Invoice**
- ❑ **M –Medicare EOMB**
- ❑ **O –Operative Reports**
- ❑ **P – Prior Authorization Form and/or Documentation**
- ❑ **S – Swing Bed Exemption Letter**
- ❑ **T – Third Party Liability Documentation (EOB's, Denial Letters, Letters attempting to collect)**

RETURN THIS DOCUMENT WITH ATTACHMENTS TO:
ACS
P.O. Box 547
Cheyenne, WY 82003-0547

Attachment Control Number – For Office Use Only