The three fields below are required and must match claim.

1. Provider Number

2. Client ID Number

3. Attachment Control Number

Purpose:
This form is to be used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

Instructions:
1. In box 1, fill in the pay to Provider Number that was used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number entered in the control number field of the direct data entry screen (Medicaid on the Web) or the PWK segment of the 837 transaction. Make sure the ACN is clear and legible on the HCA-13. Illegible information could delay or stop the attachment process. Numbers are the only characters that should be used in ACN selection. Do not use dashes and spaces in ACNs.
4. Place this completed form on top of the attachment(s) for each electronic claim.
5. Mail to EDS, P.O. Box 18500 OKC, OK. 73154, fax 405-947-3394.

Note: Do not place another fax cover sheet on top.

*This form is for use with electronically filed claims requiring attachments.

Sender’s Name:  Phone Number: