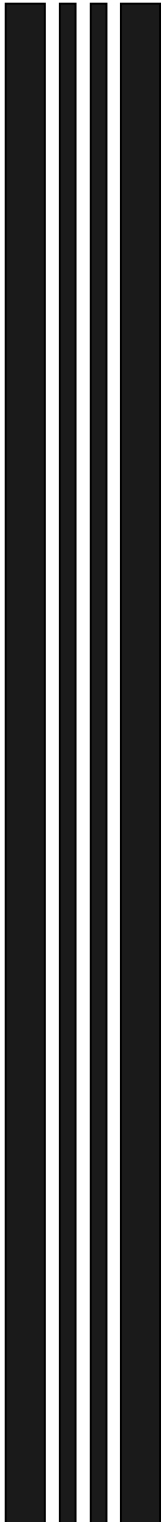




# ProviderOne

## ECB Attachment Submission Cover Sheet



Provider Identifier Type

( Select Identifier type )

Provider ID

( Please enter numeric value. Length based on Identifier type . )

TCN

( Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9. )

Date of Service

( Please use the Date Time Picker to select date. )

ProviderOne Client ID

( Please enter 9 digit numeric value and suffix with WA or wa. )

Instructions will not appear on the printed coversheet

Please use the Print Cover Sheet Button Above to print ONLY.

FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

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