ProviderOne

Pharmacy Claim Form Submission Cover Sheet

ProviderOne Client ID

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

Rx Claim#

(Please enter 15 digit numeric value.)

Print Cover Sheet

Clear Fields

Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.

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

Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

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.