



Oklahoma Health Care Authority
Electronic Claim Paper Attachment Form
Cover Sheet

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 used for filing the electronic claim.
2. In box 2, fill in the 9-digit client identification number submitted on the electronic claim.
3. In box 3, fill in the Attachment Control Number (ACN) 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 (DDE) 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 the ACN section. Do not use dashes or spaces in the ACN section.
4. Place this completed form on top of the attachment(s) for each electronic claim. (DO NOT INCLUDE ADDITIONAL COVER SHEET)
5. Mail to: DXC Technology
P.O. Box 18500, OKC, OK 73154
Fax: 405-947-3394

NOTE: Do not place another fax cover sheet on top of this form.

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

Sender's Name: _____ Phone Number: _____

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