



**Kansas Medical Assistance Program**  
P O Box 3571  
Topeka, KS 66601-3571  
Provider 1-800-933-6593  
Beneficiary 1-800-766-9012

## HARD COPY ATTACHMENT

### Paper Attachment to Electronic Claim

1. Provider Number
2. Beneficiary Number
3. Control Number

This form is only to be used when a claim requiring a paper attachment is being submitted electronically on an 837 transaction or on the KMAP website. Submit this completed form along with the required attachment and electronic claim for appropriate review. Do not send a paper claim with your submission.

**Note: This form and related documentation must be submitted within 14 days of the date the claim is submitted electronically.**

### Instructions

1. In the Provider Number field, write the provider number which was used for filing the 837 transaction for the claim requiring an attachment.
2. In the Beneficiary Number field, write the unique beneficiary identification number submitted on the 837 electronic claim.
3. In the Control Number field, write the control number (CN) which was used for filing the 837 electronic claim. The CN on this form must be exactly the same as the number placed in the PWK segment on the electronic transaction or in the Control Number field on the website. If the CN is not exactly the same as one originally submitted, there may be delays in processing the claim.
4. Place this completed form on top of the attachment(s) for each 837 claim submitted requiring an attachment. This form is only to be used for claims requiring attachments.
5. Submit to Office of the Fiscal Agent, P.O. Box 3571, Topeka, KS 66601 or fax to 785-274-4296.

**Note:** This form is to be used only when the associated claims have been filed electronically.