



**Patient Access Network Foundation  
Medical Claims Fax Cover Sheet**

**Claims Fax Number: 844-726-4728**

Please complete and include this fax cover sheet in front of every individual medical claim that you submit to PAN.

**If you are faxing more than one claim, insert a separate fax cover sheet between each claim.**

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PATIENT NAME (first):

PAN ID  
NUMBER:

PATIENT NAME (last):

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IS THIS A NEW CLAIM?  
(please check one)

YES, NEW CLAIM

NO, RESUBMITTED CLAIM (include HCFA-1500 and  
EOB)

CLAIM NUMBER (if  
applicable):

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HAVE YOU ATTACHED  
THE FOLLOWING  
REQUIRED FORMS?  
(please check to confirm)

HCFA-1500 OR UNIVERSAL CLAIM FORM (UB-40/UB-92)  
LEGIBLE, ITEMIZED EXPLANATION OF BENEFITS (EOB)

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OTHER NOTES:

**If you have questions about submitting a claim to PAN,  
please call 866-316-7263**