

F A X C O V E R S H E E T

EDI CLAIMS SUPPORT DOCUMENTS

Kaiser Index Unit: Please attach the support document(s) to the EDI claim.

*Kaiser Claim #:	
Kaiser Member Medical Record #:	
Kaiser Member Name:	
Kaiser Member Date of Birth:	
Claim Service Date(s):	
Claim Total Billed Amount (\$):	
Provider Name:	
Provider Tax ID:	
Notes (optional):	

*Make sure you have a claim number before faxing any documentation and do not highlight any information submitted.

- Support documents for different claims must be sent under separate fax transmissions.
- Kaiser Permanente EDI fax will only accept EDI claims support documents. **No claims will be accepted.**
- Southern California Kaiser Permanente fax will accept referral & emergency EDI claims support docs.
Northern California Kaiser Permanente fax will accept emergency EDI claims support docs.

Southern California Kaiser Permanente EDI Fax: (855) 414-2307

Northern California Kaiser Permanente EDI Fax: (866) 889-6021