FIRST COAST
SERVICE OPTIONS, INC.
WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Please select one of the following jurisdictions and check YES or NO to the questions below:

If this request is due to a Prior-Authorization denial select from the drop down:

1. Are you requesting a Clerical Reopening?

2. Does the claim you are appealing involve Medicare Secondary Payer (MSP)?

3. Should recoupment be stopped for a 935 overpayment?
   (provide a copy of the overpayment letter)

4. Does your appeal involve the Recovery Auditor (RA) decision?
   (provide a copy of the overpayment letter)

5. Did the claim you are appealing reject with message MA-130?

Please fill in the information below in all UPPERCASE letters:
PLEASE COMPLETE EACH FIELD ON THE FORM TO ENSURE ACCURATE PROCESSING

Provider Transaction Access No (PTAN):   NPI (10 digits):   Tax Identification Number (last 5 digits):

Provider Name:

Beneficiary Name:

Beneficiary Medicare Number (11 characters):   DCN Document Control Number:

Date(s) of service   Procedure Code(s) in Question *(required for Outpatient Services only)*

Requestor's Name *(printed)*   Requestor's Relationship to Provider

Telephone Number and Extension

Reason for Redetermination or Clerical Error Reopening Request: