



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Medicare Part A Prepay Claims Additional Documentation Response (ADR) Fax Cover Sheet

Document Control Number _____

Patient Name _____ Medicare ID _____

From:

Provider's National Provider Identifier (NPI) _____

Contact Person _____ Telephone _____

Number of faxed pages including cover sheet _____

ADR fax cover sheet instructions/tips:

- A separate cover sheet must be submitted with *each* ADR letter.
- A copy of the ADR letter *must* accompany the fax.
- Do not split a record; all documentation must be submitted as one submission.
- When faxing, please be aware of multiple sheets being fed at once. This may result in sheets not being read.
- A medical review decision will be made based on records received in a single submission only.
 - Do not submit duplicate requests for the same DCN.
- Do not submit prepay claim ADR responses for the Recovery Auditor to the fax numbers below. Submit those items to the Recovery Auditor, Cotiviti.

**This cover sheet and fax numbers may only be used to respond to a Medicare prepay ADR letter.
DO NOT use for a redetermination, post pay probe, or any other correspondence.**

Fax to: 904-361-0318 (Florida, Puerto Rico, and U.S. Virgin Islands)

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