



JN Hardcopy Request

Note: CMS provides direction for Contractors on the acceptance of hard copy claims. Listed below are the exceptions First Coast can accept a hard copy claim submission. All other claims must be submitted via DDE or electronically.

Mail to:

First Coast
Part A Claims
PO Box (number)
Mechanicsburg, PA
17055-(number)

State	FL	PR/VI
PO Box #	3409	2006
Zip+4 #	1849	0733

Select a State/Jurisdiction

Select one option below	Please select box below to correspond with the hardcopy request (Required).
	Administrative Simplification Compliance Act (ASCA) Note: ASCA prohibits payment of paper submitted claims except in limited situations such as small providers, etc.
	935 Adjustments or Cancels
	Tertiary Claims
	Medicare Secondary Payer (MSP) claim cancels
	Tribal Self-Funded Adjustments
	Military Treatment Facility (MTF)- U.S. Department of Defense (DoD)-operated hospital-Emergency Services Claim Submission
	Disaster Related: <input type="checkbox"/> National <input type="checkbox"/> Facility *Detailed Description is required

Please accept this as a request for an adjustment or cancel of the claim attached on a revised UB-04 CMS 1450 claim form. The revisions/corrections are supported in the medical records which is available upon request.

Requestor's Name (Required):	Requestor's Telephone Number (Required):
Requestor's Signature (Required):	Date Signed (Required):