

PLEASE COMPLETE EACH FIELD ON THE FORM TO ENSURE ACCURATE PROCESSING

Do not complete this form for the following situations:

- 1. If you received a Medicare Redetermination Notice (MRN) on this claim DO NOT use this form to request further appeal. Your next level of appeal is a Reconsideration by a Qualified Independent Contractor (QIC) Form.
- 2. If you received a message MA-130 on the Medicare Remittance Notice for this claim, no appeal or reopening rights are available. Please submit a NEW claim with the appropriate corrections.

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

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

- 1. Does your appeal involve the Recovery Auditor (RA) decision?
- 2. Does your appeal involve a 935 overpayment decision?
- 3. Does the claim you are appealing involve Medicare Secondary Payer (MSP)?

Please select one of the choices below to identify the category which the request pertains to:

Please fill in the information below in all UPPERCASE letters:

Provider Transaction Access No (PTAN): NPI (10 digits):

Tax Identification Number (last 5 digits):

Claim Number (13 digits): If alpha-numeric use Part A request form

Provider Name:

Beneficiary First Name:

Beneficiary Last Name:

Procedure Code(s) in Question

Requestor's Relationship to Provider

Beneficiary Medicare Number (11 characters):

Date(s) of service

Requestor's Name (Printed)

Telephone Number and Extension

Reason for Redetermination or Clerical Error Reopening Request:

