52005

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

Medicare Part A Redetermination and Clerical Error Reopening Request Form

Submit Request via Fax: 904-361-0593

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

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

1. Are you requesting a Part A redetermination? _____
2. Are you requesting a Part A Overpayment redetermination? _____
3. Are you requesting a Part B of A redetermination? _____
4. Are you requesting a Part B of A Overpayment redetermination? _____
5. Are you requesting a Part A reopening (attach revised UB-04 form)? _____

The following criteria must be completed in all UPPERCASE letters:

Provider Transaction Access No (PTAN):

Provider Name:

Provider Address:

Beneficiary Medicare Number (11 digits):

Beneficiary Name:

DCN Document Control Number:

NPI

Tax Identification No *(last 5 digits)*

*Date(s) Of Service

*Requestor's Name (*printed*)

Requestor Relationship To Appellant

Telephone Number and Extension

Please include a copy of your remittance advice notice.

7. Description of services being appealed	8. Date of service * From	To	9. Amount of services at Issue ($ in dispute)
a.			
b.			
c.			

The reason that I do not agree with the determination made is as follow: