



**Medicare Part A Redetermination and Clerical Error
Reopening Request Form**

Submit Request via Fax: 904-361-0593

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. Does your appeal involve a 935 overpayment decision?
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: