52001

FIRST COAST SERVICE OPTIONS

Medicare Part B Redetermination and Clerical Error Reopening Request Form

Submit Request via Fax: 904-361-0595

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):

Provider Name:

Beneficiary First Name: Beneficiary Last Name:

Beneficiary Medicare Number (11 characters): Claim Number (13 digits): *If alpha-numeric use Part A request form*

Date(s) of service Procedure Code(s) in Question

Requestor's Name *(Printed)* Requestor's Relationship to Provider

Telephone Number and Extension

Reason for Redetermination or Clerical Error Reopening Request: