



**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:**

