



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Florida

Form revised 9/14/2020

REQUEST FOR A REDETERMINATION/REOPENING OF PART A MEDICARE CLAIM

(Note: This is for an appeal and not to be used when requesting a claim adjustment)

Submit requests to:

JN Redeterminations, Inquiries,
General Correspondence,
Congressional FL Part A/B
P.O. Box 3411
Mechanicsburg, PA 17055-1850

Part A Redetermination (Inpatient SNF, IRF, IPF)

Part A Overpayment Redetermination *

Part B of A Redetermination (outpatient hosp, SNF, therapy)

Part B of A Overpayment Redetermination *

Part A Reopening (attach form UB-04)

1. Provider's name and number * <input type="text"/> Address <input type="text"/> City State ZIP Code <input type="text"/> <input type="text"/> <input type="text"/>	2. Beneficiary's name * <input type="text"/> Address <input type="text"/> City State ZIP Code <input type="text"/> <input type="text"/> <input type="text"/>
3. Medicare ID number of the patient <input type="text"/>	4. The reason that I do not agree with the determination made is as follows: <input type="text"/>
5. Document Control Number	<input type="text"/>

6. Please accept this as a request for an appeal for payment on the services that are indicated on this form.

Print name

Telephone number

Address

City

State

ZIP Code

7. Description of services being appealed	8. Date of service *		9. Amount of services at Issue (\$ in dispute)
	From	To	
a. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The request must be submitted within 120 days of the initial or revised initial denial date.

Please include documentation to support the service(s) at issue.

* If you have not received a demand letter requesting a refund of payment and you are notifying First Coast Service Options of an overpayment, you must complete the overpayment refund form.