

Medicare Part B Prepay Claims Additional Documentation Response (ADR) Fax Cover Sheet

Document Control Number _____

Patient Name _____ Medicare ID _____

From:

Provider NPI _____ Telephone _____

Number of faxed pages including cover sheet _____

1. A separate cover sheet must be submitted with *each* ADR letter.
2. A copy of the ADR letter *must* accompany the fax.
3. Do not split a record; all documentation must be submitted as one submission.
4. When faxing, please be aware of multiple sheets being fed at once. This may result in sheets not being read.
5. A medical review decision will be made based on records received in a single submission only.
6. Do not submit prepay claim ADR responses for the Recovery Auditor to the fax numbers below. Submit those items to the Recovery Auditor, Connolly Consultants.

***This cover sheet and fax numbers may only be used to respond to a Medicare prepay ADR letter.
DO NOT use for a redetermination, post pay probe, or any other correspondence.***

Fax to:

Florida
(904) 361-0318

Puerto Rico
(904) 361-0342

U.S. Virgin Islands
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