



## JN Hardcopy Request

**Note:** CMS provides direction for Contractors on the acceptance of hard copy claims. Listed below are the exceptions First Coast can accept a hard copy claim submission. All other claims must be submitted via DDE or electronically.

### Mail to:

**First Coast**  
Part A Claims  
PO Box (number)  
Mechanicsburg, PA  
17055-(number)

<b>State</b>	<b>FL</b>	<b>PR/VI</b>
<b>PO Box #</b>	3409	2006
<b>Zip+4 #</b>	1849	0733

### Select a State/Jurisdiction

Select one option below	<b>Please select box below to correspond with the hardcopy request (Required).</b>
	<b>Administrative Simplification Compliance Act (ASCA)</b> Note: ASCA prohibits payment of paper submitted claims except in limited situations such as small providers, etc.
	<b>935 Adjustments or Cancels</b>
	<b>Tertiary Claims</b>
	<b>Medicare Secondary Payer (MSP) claim cancels</b>
	<b>Tribal Self-Funded Adjustments</b>
	<b>Military Treatment Facility (MTF)- U.S. Department of Defense (DoD)-operated hospital-Emergency Services Claim Submission</b>
	<b>Disaster Related:</b> <input type="checkbox"/> National <input type="checkbox"/> Facility <b>*Detailed Description is required</b>

Please accept this as a request for an  adjustment or  cancel of the claim attached on a revised UB-04 CMS 1450 claim form. The revisions/corrections are supported in the medical records which is available upon request.

<b>Requestor's Name (Required):</b>	<b>Requestor's Telephone Number (Required):</b>
<b>Requestor's Signature (Required):</b>	<b>Date Signed (Required):</b>