

Submit Request via Fax: 904-361-0593

Please select one of the following jurisdictions and check YES or NO to the questions below:

If this request is due to a Prior-Authorization denial select from the drop down:

- 1. Are you requesting a Clerical Reopening?
- 2. Does the claim you are appealing involve Medicare Secondary Payer (MSP)?
- 3. Should recoupment be stopped for a 935 overpayment? (provide a copy of the overpayment letter)
- 4. Does your appeal involve the Recovery Auditor (RA) decision? (provide a copy of the overpayment letter)
- 5. Did the claim you are appealing reject with message MA-130?

Please fill in the information below in all UPPERCASE letters: PLEASE COMPLETE EACH FIELD ON THE FORM TO ENSURE ACCURATE PROCESSING

Provider Transaction Access No (PTAN): NPI (10 digits):

Provider Name:

Beneficiary Name:

Beneficiary Medicare Number (11 characters):	DCN Document Control Number:
Date(s) of service	Procedure Code(s) in Question (required for Outpatient Services only)
Requestor's Name (printed)	Requestor's Relationship to Provider

Telephone Number and Extension

Reason for Redetermination or Clerical Error Reopening Request:



Tax Identification Number (last 5 digits):