

A CMS Medicare Administrative Contractor

Medicare Correspondence Request Form

Note: This form **should not be used** for Audit and Reimbursement, Medical Review, Appeals, Medicare Secondary Payer, or routine claim status inquiries.

Provider Information

Provider Transaction Access Number: _____

National Provider Identifier: _____

Tax Identification Number (last five digits): _____

Provider Name and Address: _____

Patient Information

Patient's Name:	Medicare Beneficiary Identifier#:	
Patient's Address:	Is Medicare Primary?	
Date of Birth:	Date(s) of Service:	
DCN/CCN:	Reason Code(s):	
Reason for Inquiry/Comments: _____ _____ _____ _____		
Submitted By:	Phone:	Date:

Mail Completed Forms to:

Part A/FQHC/HHH Providers	Part B Providers
<p><i>Jurisdiction K (Part A CT MA, ME, NH, NY, RI, VT, HH+H-Connecticut Only):</i> National Government Services, Inc. P.O. Box 6189 Indianapolis, IN 46206-6189</p> <p><i>Jurisdiction 6 (IL, MN, WI, FQHC, HH+H):</i> National Government Services, Inc. Attn: Written Inquiries P.O. Box 6474 Indianapolis, IN 46206-6474</p>	<p><i>Jurisdiction K (Part B CT MA, ME, NH, NY, RI, VT):</i> National Government Services, Inc. P.O. Box 6189 Indianapolis, IN 46206-6189</p> <p><i>Jurisdiction 6 (IL, MN, WI):</i> National Government Services, Inc. Attn: Written Inquiries P.O. Box 6475 Indianapolis, IN 46206-6475</p>

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the Centers for Medicare and Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.