National Government Services

A CMS Medicare Administrative Contractor

MEDICARE

Medicare Correspondence Request Form

Please 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:	**Health Insurance Claim #:**
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	DME Suppliers
Jurisdiction K (Part A CT MA, ME, NH, NY, RI, VT, & HH+H Connecticut Only: National Government Services, Inc. P.O. Box 6189 Indianapolis, IN 46206-6189 ***Jurisdiction 6 (IL, MN, WI, FQHC & HH+H):*** National Government Services, Inc. Attn: Written Inquiries P.O. Box 6474 Indianapolis, IN 46206-6474	***Jurisdiction K (Part B CT MA, ME, NH, NY, RI, VT):*** National Government Services, Inc. P.O. Box 6189 Indianapolis, Indiana 46206-6189 ***Jurisdiction 6 (IL, MN, WI):*** National Government Services, Inc. Attn: Written Inquiries P.O. Box 6475 Indianapolis, IN 46206-6475	National Government Services, Inc. P.O. Box 6036 Indianapolis, Indiana 46206-6036