PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Secondary Payer Inquiry Form

***ALL** fields are **REQUIRED**.*

For your convenience, please complete this form and mail to the address at the bottom.

Please indicate where the services were provided

☐ North Carolina ☐ South Carolina ☐ Virginia ☐ West Virginia

Provider Information	Patient & Claim Information	Other Insurance Information
Provider Name:	Patient Name:	Insurance Name (if applicable):
Provider Address:	Medicare Beneficiary Identifier (MBI):	Insurance Address:
Provider Telephone Number: ( ) -	Claim Number (ICN):	Insured Name (if applicable):
Contact Name:	Claim Date(s) of Service:	Policy Number:
National Provider Identifier (NPI):	Claim Amount	Group Number:
Provider Number (PTAN):	CPT Code(s):	Injury Date (if applicable):
Tax ID:	Diagnosis Code(s):	Relationship:

☐ Yes, we have a Corporate Integrity Agreement with OIG

Reason(s) for Overpayment (Please select from the list below)

◯ Group Health Plan Insurance	◯ Workers' Compensation	◯ End Stage Renal Disease (ESRD)
◯ No Fault Insurance	◯ Black Lung	◯ Disability
◯ Liability Insurance	◯ Other Insurance Involvement **(Please Explain in the Space Below)**:	

NOTE: If specific Medicare Number (patient/MBI/Claim #/primary insurance EOB information) is not provided, we may be unable to process your request appropriately or in a timely manner.

PLEASE ATTACH

- Please complete this form and include it with your submission
- Please attach detailed information.
- For adjustments that involve multiple patients, please submit a separate form along with the detailed information for each.
- Please include a copy of explanation of benefits received from other insurance.

Helpful Hints

- If you are sending a refund check, please use the Medicare Part B MSP Voluntary Checks Form.
- This form may be utilized for any Medicare Secondary Payer (MSP) request pertaining to Primary or Secondary payment of claims.
- Please forward all inquiries for MSP Recovery to the MSP Contractor.
- **Do not include a refund check with this form.**
- Do not use this form if you are requesting a Redetermination on a MSP claim that is not MSP related.
- Do not use this form for new claim submissions
- Do not use this form for situations that involve the Veteran's Administration. Use Reopenings form.

MS-HHH-A-3000

Revised 12/2019

Please send this form and all additional documentation to:
Fax: (803) 462-2205
or
Palmetto GBA
Medicare Secondary Payer - HHH
P.O. Box 100190
Columbia, SC 29202-3190