



## JJ Redetermination: 1st Level Appeal



If you are unable to submit your Redetermination (first level appeals) request via our eServices portal, please use this form to submit your request for Redetermination and send this form and all additional documentation to

JJ MAC - Palmetto GBA, LLC
Appeals - Part B Mail Code: AG-655
P.O. Box 100306
Columbia, SC 29202-3306

Fax: (803) 870-0139

Please complete this form in its entirety.

Se	lect	the	region	where	the	services	were	provided:
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Alabama	Georgia	Tennessee	
Are you Appealing multiple of	claims? Yes	No If yes, see the instruction	ns under # 3 in the red box below
Select type of Appeal Nor	n-Overpayment (OP) Ap	peal Overpayment (OP) A	ppeal If OP, please provide the requested information below and check all tha
		OP Invoice #	and/or OP Letter #
		CERT CID#	RAC
		UPIC	SMRC
Provider Informa	ntion	Requestor Information	(if different) Patient & Claim Information
Provider Name:		Requestor Name:	Patient Name:
Provider Address:		Requestor Address:	Medicare Beneficiary Identifier (MBI/HIC)
			Claim Number (ICN):
Provider Telephone Number	r:	Requestor Telephone Numbe	
		()	Claim Date(s) of Service:
National Provider Identifier	(NPI):		CPT Codes Being Appealed:
Provider Number (PTAN):			Diagnosis Code:
Tax ID:			
	accon for Annach Inc	luda tha rassan far filing lata if	the request exceeds the 120 day timely filing limit
Re	eason for Appeal: Inc	lude the reason for filing late if	the request exceeds the 120 day timely filing limit.
Name (Please Print):		Date:	
PLEASE INCLUDE:			

- 1. If OP Appeal, include a copy of the overpayment demand letter and Medicare's overpayment spreadsheet.
- 2. Please include the Remittance Advice (RA).
- 3. If you are appealing multiple claims for the same issue, only one request form is needed. Include a spreadsheet or the claim's Remittance Advice (RA) indicating which claims are being appealed.
- 4. You must include appropriately signed documentation to support your appeal. Examples Include:
  - Medical Records for the dates of service appealed
  - Office records and progress notes
  - Treatment plan or plan of care

- Physician's orders
- Certification or recertifications for dates of service