



JM 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

JM Part A MAC - Palmetto GBA, LLC
 Appeals - JM Part A Mail Code: AG-630
 P.O. Box 100238
 Columbia, SC 29202-3238

Fax: (803) 699-2425

Please complete this form in its entirety.

Select the region where the services were provided:

North Carolina
 South Carolina
 Virginia
 West Virginia

Select type of Appeal
 Non-Overpayment (OP) Appeal
 Overpayment (OP) Appeal **If OP, please provide the requested information below and check all that apply**

OP Invoice # and/or OP Letter #
 CERT CID# RAC
 UPIC SMRC

Provider Information

Requestor Information (if different)

Patient & Claim Information

Provider Name:

Provider Address:

Provider Telephone Number:
 () -

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Requestor Name:

Requestor Address:

Requestor Telephone Number:
 () -

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC)

Claim Number (ICN):

Claim Date(s) of Service:

Codes Being Appealed:

Diagnosis Code:

Reason for Appeal: Include 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. 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