



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



### Redetermination: 1<sup>st</sup> Level Appeal

**ALL fields are REQUIRED.**

Select the region in which the services were provided:

<input type="checkbox"/> South Carolina	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Virginia	<input type="checkbox"/> West Virginia
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#### Provider Information

#### Requestor Information (if different)

#### Patient & Claim Information

Provider Name:

Requestor Name:

Patient Name:

Provider Address:

Requestor Address:

Medicare Beneficiary Identifier (MBI/HIC)

Provider Telephone Number:

(  )  -

Requestor Telephone Number:

(  )  -

Claim Number (ICN):

National Provider Identifier (NPI):

Claim Date(s) of Service:

Provider Number (PTAN):

CPT Codes Being Appealed:

Tax ID:

Diagnosis Code:

Reason for Appeal:

Name (Please Print):

Date:

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**PLEASE ATTACH:**

1. Please complete this form in its entirety.
2. Please include the Remittance Advice (RA).
3. If you have multiple claims for the same issue, only one request (form) is needed for all, provided you attach the Remittance Advice (RA) and clearly indicate (circle or asterisk) which claims need to be reviewed.
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 re-certifications for dates of service

Please use this form to submit your requests for Redetermination (first-level appeals.) Submit this form within 120 days of the 'initial determination' date (the date on your remittance advice.) While not required, this form may make submitting your Part B redeterminations easier.

Please download the form and type your information directly onto it. After you complete the form, you must still print and mail or fax the form to Palmetto GBA (the address and fax number are below.)

Please send this form and all additional documentation to

**Fax: (803) 699-2427**

Or mail to: JM MAC - Palmetto GBA, LLC

Appeals - Part B

Mail Code: AG-655

P.O. Box 100190

Columbia, SC 29202-3190

AP-JM-B-1000



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