PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Reopening: Simple Claim Correction

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

Select the region in which the services were provided:

☐ South Carolina	☐ North Carolina	☐ Virginia	☐ West Virginia

Provider Information

Provider Name:

Provider Address:

Provider Telephone Number:
( ) -

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Requestor Information (if different)

Requestor Name:

Requestor Address:

Requestor Telephone Number:
( ) -

Patient & Claim Information

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC)

Claim Number (ICN):

Claim Date(s) of Service:

CPT Codes Being Appealed:

Diagnosis Code:

Reason for Reopening (What Corrections Need to be Made?):

Name (Please Print):

Date:

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.

Please send this form and all additional documentation to

Fax: (803) 699-2427

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