



Redetermination: 1st Level Appeal

Instructions: 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 a Redetermination.

Are you appealing multiple claims? * No Yes - See item #3 in "Submission Instructions" section.

Select type of appeal* Non-Overpayment Appeal Overpayment (OP) Appeal - See item #2 in "Submission Instructions" section and provide the requested information below:

OP Invoice #	<input type="text"/>	OP Letter #	<input type="text"/>
CERT CID #	<input type="text"/>	<input type="checkbox"/> Benefit Integrity	<input type="checkbox"/> Other

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/HCPCS Codes Being Appealed*

Diagnosis Code(s)*

Reason for Appeal: Include the reason for filing late if the request exceeds the 120-day timely filing limit.

Name (Please Print)* **Date*** / /

Submission Instructions

1. Please include the Remittance Advice (RA).
2. If OP Appeal, include a copy of the overpayment demand letter and Medicare's overpayment spreadsheet.
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) and indicate which claims are being appealed.
4. You must include appropriately signed documentation to support your appeal. Examples Include:
 - o Medical Records for the dates of service appealed
 - o Office records and progress notes
 - o Treatment plan or plan of care
 - o Physician's orders
 - o Certification or recertifications for dates of service

Please send this form and all additional documentation to:

Mail
Palmetto GBA Railroad Medicare
Attention: Appeals
P.O. Box 10066
Augusta, GA 30999-0001

Fax
(803) 462-2218

Submit Appeals Electronically
Palmetto GBA eServices Portal
Login via palmettogba.com/eservices