PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA®
A CELERIAN GROUP COMPANY

Reopening: Simple Claim Correction

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

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 Number:

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):

Signature:

Date:

PLEASE ATTACH:

1. Please attach this form completed in its entirety.
2. Please include Remittance Advice (RA).
3. If you have **multiple claims for the same issue**, only one form is needed provided you attach Remittance Advice (RA) forms and clearly indicate (circle or asterisk) which claims need to be changed.

AP-RRB-B-1020

Revised 3/2018

Please mail this form and all additional documentation to:
Palmetto GBA - Railroad Medicare
P.O. Box 10066
Augusta, GA 30999
Fax: (803) 462-2218