



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



Medical Review ADR Response Cover Sheet

ALL fields are REQUIRED.

National Provider Identifier (NPI):

Document Control Number (DCN) from ADR (1 Form Per DCN Required):

Provider Number (PTAN):

Medicare Beneficiary Identifier (MBI/HIC):

Provider Telephone Number:

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Claim Date(s) of Service:

PLEASE ATTACH:

- Original/copy of ADR letter received.
- All additional documentation requested. Include related physician orders with any requested medical records. **Ensure signatures are legible or include appropriate signature attestations.**
- When sending multiple claim ADR responses, you must use 1 ADR Response Cover Sheet for each ADR claim / DCN

INSTRUCTIONS:

Please complete this form and include it with your ADR response submission.

BE PROMPT: Return your ADR response(s) as soon as possible within 45 days from the date of the ADR letter.

- Claims are denied automatically on day 46.

DO NOT:

- Resubmit replacement or duplicate forms for claims you may have pending in medical review. Duplicate ADR responses will not be accepted.
- Make inquiries on your medical review status until 30 days have passed.

NEXT STEPS:

- When a claim is finalized, the claim will receive a status of Paid, Rejected or Denied.
- If the claim is REJECTED, you may resubmit a corrected claim.
- If it is DENIED, you may submit a *Redetermination* form to appeal.

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Please fax or mail this form and any supporting documentation to the address or fax number specified in the Additional Documentation Requested letter that you received from Palmetto GBA.

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