



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



PALMETTO GBA
A CELERIAN GROUP COMPANY



Medical Review ADR Response Cover Sheet

ALL fields are REQUIRED.

National Provider Identifier (NPI):

Internal Control Number (ICN) from ADR (1 Form Per 1CN Required):

Provider Number (PTAN):

Medicare Number:

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. Inquiring too soon may result in claim denials, rejects or recoupments. It may place the provider under additional scrutiny from Palmetto GBA.

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 return this form and all supporting documentation to

Fax: (803) 264-8832

Palmetto GBA Railroad Medicare
Medical Review
PO Box 10066
Augusta, GA 30999

MR-RRB-B-3000



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