PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider Contact Center - Written Inquiry Request Form

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

Provider Information

Provider Name:

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax Payer Identification Number (TIN) (Last 5 Digits Only):

Contact Name:

Telephone Number:
( ) -

Extension:

Patient Information (If applicable)

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC):

Claim Date(s) of Service:

Date of Birth:
/ /

Date of Birth is only needed for entitlement / Medicare Advantage requests

Reason for Request:

- ☐ General Billing
- ☐ General Medicare Regulations & Coverage
- ☐ Entitlement (Complete Patient Information section)
- ☐ Explanation of Claim Rejection Message
- ☐ Medicare Advantage (Complete Patient Information section)
- ☐ Crossover (For Crossover Enrollment/Termination Issue, Contact the Patient's Other Insurance)
- ☐ Financial (Complete below)

FCN:

Check Number:

Summary of Issue:

Instructions:

- For requests that involve multiple patients or multiple issues, please complete and submit a separate request for each.
- Although we are committed to answering your written inquiry as soon as possible, CMS allows 45 business days to respond to written inquiries.
- Claims with remittance advice message MA130 or returned with a letter are considered unprocessable. If you are eligible to file paper claims, resubmit your corrected claim on a new CMS-1500 claim form. To ensure efficient processing of your paper claim, do not include this form, a cover letter, or your remittance advice with your new claim. If you are not eligible to file paper claims, you must resubmit electronically.

PC-HHH-A-5500

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Please mail this form and all additional information to
Palmetto GBA Provider Contact Center
Mail Code: AG-830
P.O. Box 100238
Columbia, SC 29202-3228

or send via Fax to: (803) 462-2217