



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



Provider Contact Center - Written Inquiry Request Form

ALL fields are REQUIRED

For your convenience, submit this form and your payment electronically via the eServices portal located at www.PalmettoGBA.com/eServices or complete this form and mail to the address at the bottom of this form.

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-JJ-B-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 100306
 Columbia, SC 29202-3306

or send via Fax to: (803) 699-3582



Provider Contact Center - Written Inquiry Request Form Instructions

When you send a written inquiry to Medicare to obtain confidential information, the Centers for Medicare & Medicaid Services (CMS) requires you to provide the following authentication information:

1. National Provider Identifier (NPI)
2. Provider Transaction Access Number (PTAN)
3. Tax Identification Number (TIN): last five digits

It is very important that your staff be aware of this new provider authentication requirement. The written inquiry will not be completed without the required authentication information.

We encourage you to use Palmetto GBA's Written Inquiry Request Form because:

- **It's easy to fill out.** The form is posted as an interactive Adobe Acrobat file, which allows you to complete and print it from your computer.
- **The new authentication information can be easily identified.** This new form has been formatted to allow you to provide the authentication information required by CMS. Without this information we will not be able to honor your request.
- **It will clarify the reason for your inquiry.** Every year hundreds of inquiries are received that could not be completed because the reason for the request was not clear. Completing the Written Inquiry Request Form will help us fully understand your request.
- **Helpful hints are available.** This form lists multiple ways that you can contact Palmetto GBA. It also provides telephone numbers that may assist you in obtaining a faster response to your request.

Complete this form electronically and mail to Palmetto GBA (the address is on the form).