

Timely Filing Exception Request

Provider Information

Provider Name:*

National Provider Identifier (NPI):*

Provider Number (PTAN):*

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

Contact Name:*

Telephone Number:*

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Patient Information (if Applicable)

Patient Name:*

Medicare Beneficiary Identifier (MBI/HIC):*

Date of Birth*

/ /

Select the Applicable Exception

Administrative Error

Note: The provider must demonstrate that they submitted the claim within six months after the month in which they were notified that the system error was corrected. In addition, there must be a clear and direct relationship between the system error and the late filing of the claim(s).

Retroactive Medicare Entitlement

Retroactive Medicare Entitlement Involving State Medicaid Agencies

Retroactive Disenrollment from a Medicare Advantage (MA) Plan or Program of All-inclusive Care of the Elderly (PACE) Provider Organization

Attach Supporting Evidence

You must submit one or more of the following with this request

- A written report by the agency – Medicare, Social Security Administration (SSA), fiscal intermediary (FI), carrier or Medicare Administrative Contractor (MAC) – based on agency records, describing how its error caused failure to file within the usual time limit
- Copies of an agency (Medicare, SSA, FI, carrier or MAC) letter reflecting the error
- A written statement of an agency (Medicare, SSA, FI, carrier or MAC) employee having personal knowledge of the error
- Palmetto GBA Claims Processing Issues Log (CPIL) showing the system error

Please send this form and all additional documentation to:

JJ Part A

Palmetto GBA
JJ Part A PCC
Mail Code: AG-840
P.O. Box 100305
Columbia, SC 29202-3305

JM Part A / HHH

Palmetto GBA
JM Part A PCC
Mail Code: AG-840
P.O. Box 100238
Columbia, SC 29202-3238

JJ Part B

Palmetto GBA
Attn. JJ Medicare Part B
P.O. Box 100306
Columbia, SC 29202-3306

JM Part B

Palmetto GBA
Attn: JM Medicare Part B
P.O. Box 100190
Columbia, SC 29202-3190