



Reopening: Simple Claim Correction

ALL fields are REQUIRED.

Select the region in which the services were provided:

Alabama	Georgia	Tennessee
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Provider Information	Requestor Information (if different)	Patient & Claim Information
Provider Name: <input type="text"/>	Requestor Name: <input type="text"/>	Patient Name: <input type="text"/>
Provider Address: <input type="text"/>	Requestor Address: <input type="text"/>	Medicare Beneficiary Identifier (MBI/HIC) <input type="text"/>
Provider Telephone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>	Requestor Telephone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>	Claim Number (ICN): <input type="text"/>
National Provider Identifier (NPI): <input type="text"/>		Claim Date(s) of Service: <input type="text"/>
Provider Number (PTAN): <input type="text"/>		CPT Codes Being Appealed: <input type="text"/>
Tax ID: <input type="text"/>		Diagnosis Code: <input type="text"/>

Reason for Reopening (What Corrections Need to be Made?):

Name (Please Print): _____	Signature: _____	Date: _____
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- PLEASE ATTACH:**
1. Please complete this form in its entirety.
 2. Please include the Remittance Advice (RA).
 3. If you have multiple claims for the same issue, only one request (form) is needed for all, provided you attach the Remittance Advice (RA) and clearly indicate (circle or asterisk) which claims need to be reviewed.

Please send this form and all additional documentation to

Fax: (803) 870-0139

Or mail to: JJ MAC - Palmetto GBA, LLC

Appeals - Part B

Mail Code: AG-655

P.O. Box 100306

Columbia, SC 29202-3306

AP-JJ-B-1020



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