



PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION



Medical Review ADR Response Cover Sheet

ALL fields are REQUIRED.

National Provider Identifier (NPI):

Document Control Number (DCN) from ADR (1 Form Per DCN Required):

Provider Number (PTAN):

Medicare Beneficiary Identifier (MBI/HIC):

Provider Telephone Number:

() -

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.

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.

CONFIDENTIALITY NOTICE

The document being transmitted contains private, privileged, and confidential information belonging to the sender and intended for use by the addressee only. If this transmission is received by anyone other than the addressee, please advise the sender immediately so that the sender can arrange for the return of the documents. In such circumstances, you are advised that you may not review, disclose, copy, distribute, or take any other action in connection with the documents transmitted.

Please fax or mail this form and any supporting documentation to the address or fax number specified in the Additional Documentation Requested letter that you received from Palmetto GBA.

MR-JJ-B-3000



Revised 4/2018

If faxed, please be sure to verify that your fax was transmitted.
Re-fax all document pages if interruption occurred.