



ADR Cover Sheet for Exempt Providers

Please refer to the Claims for Review attachment received with your ADR Notification Letter to complete this form.

Note: Please submit each claim separately.

Please submit this coversheet for each of the 10 post pay claims selected for review. Utilizing this coversheet will ensure the documentation is received by the Prior Authorization Department for timely review and processing.

Documentation must be submitted to NGS within 45 calendar days from the ADR issue date.

Provider PTAN	
Contact Information for Individual Submitting	
Reason Code (58XXX)	
Beneficiary Name	
Beneficiary MBI	
Document Control Number (DCN)	
ADR Letter Number	

Please submit claim documentation to the appropriate jurisdiction by one of the below methods.

Electronically	FedEx/UPS	Mail	Fax
NGSConnex esMD: Content type "8.5"	National Government Services Inc. 8115 Knue Road Indianapolis, IN 46250 ATTN: Mail & Distribution *Add/insert the operational unit record to be scanned	National Government Services Inc. ATTN: Medical Review Prior Authorization PO Box 7108 Indianapolis, IN 46207-7108	Jurisdiction K: 317-841-4530 Jurisdiction 6: 317-841-4528