national government SERVICES

A CMS Medicare Administrative Contractor

MEDICARE
Part B Reopening Request Form

Select the state where services were provided:

Jurisdiction K: ☐ CT ☐ MA ☐ ME ☐ NH ☐ NY ☐ RI ☐ VT

Jurisdiction 6: ☐ IL ☐ MN ☐ WI

Provider Information

Name:_____

Address: _____

PTAN: _____ NPI:_____

Tax ID: _____

Claim Information

Date(s) of Service:_____

Procedure Code(s): _____

Internal Control Number: _____

Bill Amount: _____

Overpayment Amount: _____

Beneficiary Information

Name:_____ Date of Birth:_____

MBI: _____

Type of Clerical Reopening

Billing or Clerical Errors (Changes)

- ☐ Procedure code
- ☐ Units of service
- ☐ Modifier
- ☐ Date of service
- ☐ Place of service
- ☐ Diagnosis code
- ☐ Billed amount
- ☐ Rendering practitioner NPI
- ☐ Incorrect fee schedule amount
- ☐ Duplicate services (indicate total services rendered)
- ☐ Service not related to automobile, no-fault, or liability insurance claim
- ☐ Other (explain below)

Billed in Error

- ☐ Not our patient(s)
- ☐ Services Not Rendered
- ☐ Veteran Administration (VA)
- ☐ Uniform Services Family Health Plan (USFHP)
- ☐ Patient Enroll Health Maintenance Organization (HMO)

Note: Services should not have been billed to the Medicare Program

Explain the needed correction below:

General Information

- For automatic immediate recoupments for all and future overpayments, go to the NGSMedicare.com website > Overpayment > Request Immediate Recoupment > Immediate Recoupment Request Form – Electronic/E-mail
- Claims with modifier 22, 23, 52, 53, 62, 66, GA, GY or GZ should be submitted on the Redetermination Request Form with supporting documentation
- For multiple claims that contain the same issue, please include the LVAM form with this Part B Reopening Request Form

Requester Information

Printed Name: _____ Telephone Number: _____

Signature:_____ Date Signed: _____

Mail to:

JK: National Government Services, Inc.
P.O. Box 6178
Indianapolis, IN 46207-6178

J6: National Government Services, Inc.
P.O. Box 6475
Indianapolis, IN 46207-6475

The legal authority for the collection of information on this form is authorized by Section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the Centers for Medicare & Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.