national government SERVICES

A CMS Medicare Administrative Contractor

MEDICARE

Part A Redetermination Request Form – Level 1

DO NOT use this form to notify us of overpayments including Medicare Secondary Payer (MSP) overpayments

Save time and money by using one of the following options instead of this form:

- Initiate an adjustment in Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) for fully covered or rejected claims
- Use NGSConnex to submit your redetermination and include any documentation

If neither option above is used, then please complete and mail this form with all pertinent documentation (remittance advice, medical records, operative notes, Advance Beneficiary Notice of Noncoverage, etc.). An * denotes a required field.

Provider Information	Requestor Information ***Note:*** *Include Appointment of Representative (AOR) Form CMS-1696 if you are not the provider.*	Beneficiary Information
*Name: _____	*Name: _____	*Name:_____
Address:_____	Address: _____	*Medicare ID (MBI) : _____
_____	_____	Date of Birth: _____
*PTAN:_____	Phone Number:_____	
*NPI:_____		
*Tax ID: _____		

Claim Information

*Date of Service: From:_____ To: _____ *Denied Service(s): _____

Claim Number: _____

Are you appealing an overpayment requested by National Government Services? Yes ◯ No ◯

*Reason for disagreement with the initial determination:

_____

_____

If you received the initial determination notice more than 120 days ago, provide an explanation for late filing:

_____

_____

Mail to:

JK National Government Services, Inc.
P.O. Box 7111
Indianapolis, IN 46207-7111

J6 National Government Services, Inc.
P.O. Box 6474
Indianapolis, IN 46206-6474