

A CMS Medicare Administrative Contractor
<https://www.NGSMedicare.com>

Dispute Request for Assistance (RFA) Form

*All fields are required to be completed on this form.

*Note: All request must pertain to a claim with dates of service that are within the timely filing guidelines. If the billing dispute pertains to a claim that is already past the timely filing limit, no action will be taken.

Provider Information

Company/Facility Name:

Address:

Facility Provider Transaction Access Number (PTAN):

Facility National Provider Identifier (NPI):

Facility Last 5 digits Tax Identification Number (TIN):

Medicare Beneficiary Identification Number:

Medicare Beneficiary First and Last Name:

Common Working File (CWF) Rejection Reason Code:

Claim Document Control Number (DCN) enter all that apply:

Claim Dates of Service

From:

Thru:

Submitter Name:

Submitter Contact Number:

Contact Resolution Information

***Note:** The following information is required to establish the provider's attempt to resolve the billing dispute prior to contacting National Government Services for assistance.

Name of agency contacted:

Name of individual contacted:

Number of Individual Contacted:

Date agency was contacted:

Is this agency in business?

*If yes, please explain.

Method of contact (select one):

Phone Fax Letter Other

Identify the Situation (Check one)

Billing overlap (This applies to instances where two providers are billing for overlapping dates of service, which may include a transfer situation.)

If billing overlap, please include the following information with your inquiry:

- Transfer Agreement Form
- Written Communication with other provider (if any)
- Beneficiary Eligibility Verification

☐ Sequential Billing (This applies to instances where one provider has billed prior to another agency completing their billing.)

Additional Comments

***Note:** If you need more space, put “see attachments” in the box below and submit your comments on a separate sheet with your inquiry.

Please send this form and all documentation to

Fax: 317-841-4418

Jurisdiction K: National Government Services

Attn: Dispute/Overlap

P.O. Box 6189

Indianapolis, IN 46206-6189

Jurisdiction 6: National Government Services

Attn: Dispute/Overlap

P.O. Box 6475

Indianapolis, IN 46206-6475