

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:

- Records of admission and discharge of patient stay
- Signed Patient Transfer Form (If overlap exist)
- Point of Contact made to overlapping facility (must have at least three contacts made; must include an internal communication log with records)
- Email, phone, fax or mail acceptable (1 of the 3 attempts must be written communication. documentation of email or mail must be included in records)

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