

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 requests 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

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

Please send this form and all documentation via fax to 317-841-4418.