

A CMS Medicare Administrative Contractor

Medicare Part A Clerical Error/Omission Reopening Request Form

Note: Misrepresentation or falsifying essential information requested by this form may, upon conviction, be subject to fine or imprisonment under federal law.

Beneficiary's name: _____

Medicare Beneficiary Identifier (MBI): _____

Date of the initial determination notice: _____

Date of service: _____

The provider requests to change the following clerical error/omission:

- From a diagnostic test to a screening test
- From a screening test to a diagnostic test
- From HCPCS _____ to HCPCS _____ because a number was transposed
- From diagnosis code _____ to diagnosis code _____ because a number was transposed
- Other: _____

Remember to attach supporting documentation.

Requester's Name (please print): _____

Requester's Address: _____

NPI: _____

PTAN: _____

Tax ID: _____

Requester's Relationship to the Beneficiary: _____

Requester's Telephone Number: _____

Requester's Signature: _____

Date Signed: _____

Mail Completed Form to:

Jurisdiction K (Part A & HH+H-States):	Jurisdiction 6 (Part A & HH+H-States):	FQHC – All States
National Government Services, Inc. Appeals Department P.O. Box 7108 Indianapolis, IN 46207-7108	National Government Services, Inc. Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474	National Government Services, Inc. Appeals Department P.O. Box 6474 Indianapolis, Indiana 46206-6474

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 and 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.