

**MEDICARE** 

A CMS Medicare Administrative Contractor

## **Part B Reopening Request Form**

Select the state where services were provided:	
Jurisdiction K: CT MA ME NH	□NY □RI □VT
Jurisdiction 6:	
Provider Information	Claim Information
Name:	Date(s) of Service:
Address:	
PTAN: NPI:	Internal Control Number:
Tax ID:	
	Overpayment Amount:
Beneficiary Information	
Name:	Date of Birth:
HICN/MBI:	-
Type of Clerical Reopening	
Billing or Clerical Errors (Changes)	Billed in Error
☐ Procedure code ☐ Rendering practitioner NPI	☐ Not our patient(s)
Units of service Incorrect fee schedule amount	Services Not Rendered
☐ Modifier ☐ Duplicate services (indicate total	` '
Date of service services rendered)	Uniform Services Family Health Plan (USFHP)
☐ Place of service ☐ Service not related to automobile	
☐ Diagnosis code no-fault, or liability insurance cla ☐ Billed amount ☐ Other (explain below)	,
☐ Billed amount ☐ Other (explain below)	<b>Note:</b> Services should not have been billed to the Medicare Program
Explain the needed correction below:	
General Information	
<ul> <li>For automatic immediate recoupments for all and future of Overpayment &gt; Request Immediate Recoupment &gt; Immediate Recoupment</li></ul>	ediate Recoupment Request Form – Electronic/E-mail Z should be submitted on the Redetermination Request Form
Requester Information	
Printed Name:Te	elephone Number:
Signature: D	
Mail to:	
<b>JK:</b> National Government Services, Inc. <b>J6:</b>	National Government Services, Inc.
P.O. Box 7111	P.O. Box 6475
Indianapolis, IN 46207-7111	Indianapolis, IN 46207-6475

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 & 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.

