Rebuttal Information Cover Sheet

PLEASE INCLUDE THIS COMPLETED FORM WITH YOUR REBUTTAL.
Improperly submitted rebuttals may be dismissed

Provider/Supplier Name:

Provider/Supplier Mailing Address:

National Provider Identifier (NPI):

Medicare ID Number (PTAN):

Provider/Supplier Email Address:

Provider/Supplier Fax Number:

Medicare Administrative Contractor: National Government Services, Inc.

This rebuttal submission is based on a: ☐ **Deactivation** ☐ **Stay of Enrollment**

At minimum, your rebuttal submission ***must***:

1. Be received within 15 calendar days from the date of the deactivation notice or stay of enrollment letter;
2. Specify the facts or issues with which you, and the reasons for disagreement;
3. Include all documentation and information you would like to be considered in reviewing the deactivation; and
4. Be submitted in the form of a letter that is signed and dated by the individual practitioner, an authorized/delegated official, or a legal representative. The provider's or supplier's contact person (as listed in section 13 of the Form CMS-855) does not qualify as a "legal representative" for purposes of signing a rebuttal request. If a legal representative is an attorney, the rebuttal must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the rebuttal must contain written notice of the appointment of the non-attorney as legal representative signed by the individual practitioner or an authorized/delegated official.

You may submit your rebuttal by mail, email, or fax. Please send this completed form, the rebuttal submission, a copy of the deactivation or stay of enrollment letter, and all supporting documentation applicable to the following address:

J6 Part A	JK Part A	Overnight
J6 Part A NGS Medicare **PO Box 6474** **Indianapolis, IN 46206-6474**	**JK Part A NGS Medicare** **PO Box 7149** **Indianapolis, IN 46207-7149**	**NGS Medicare** **220 Virginia Ave** **Indianapolis, IN 46204**
Fax: 317-436-1778	**Fax: 315-442-4256**	

J6/JK Part A Email Address: NGSPERebuttal@anthem.com