

## **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.

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

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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.

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**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:

<b>J6 Part B</b>	<b>JK Part B</b>	<b>Overnight</b>
<b>J6 Part B NGS Medicare</b> <b>PO Box 6475</b> <b>Indianapolis, IN 46206-6475</b>  <b>Fax: 317-595-4774</b>	<b>JK Part B NGS Medicare</b> <b>PO Box 7149</b> <b>Indianapolis, IN 46207-7149</b>  <b>Fax: 315-442-4234</b>	<b>NGS Medicare</b> <b>220 Virginia Ave</b> <b>Indianapolis, IN 46204</b>

**J6/JK Part B Email Address:** [NGSPERebuttal@anthem.com](mailto:NGSPERebuttal@anthem.com)