



A CMS Medicare Administrative Contractor

MEDICARE

Part B Reopening Request Form

Select the state where services were provided:

Jurisdiction K: [ ] CT [ ] MA [ ] ME [ ] NH [ ] NY [ ] RI [ ] VT

Jurisdiction 6: [ ] IL [ ] MN [ ] WI

Provider Information

Name: \_\_\_\_\_
Address: \_\_\_\_\_
PTAN: \_\_\_\_\_ NPI: \_\_\_\_\_
Tax ID: \_\_\_\_\_

Claim Information

Date(s) of Service: \_\_\_\_\_
Procedure Code(s): \_\_\_\_\_
Internal Control Number: \_\_\_\_\_
Bill Amount: \_\_\_\_\_
Overpayment Amount: \_\_\_\_\_

Beneficiary Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
HICN/MBI: \_\_\_\_\_

Type of Clerical Reopening

Table with 2 columns: Billing or Clerical Errors (Changes) and Billed in Error. Includes checkboxes for various error types like 'Procedure code', 'Units of service', 'Rendering practitioner NPI', etc.

Explain the needed correction below:

General Information

- For automatic immediate recoupments for all and future overpayments, go to the NGS Medicare.com website > Overpayment > Request Immediate Recoupment > Immediate Recoupment Request Form – Electronic/E-mail
Claims with modifier 22, 23, 52, 53, 62, 66, GA, GY or GZ should be submitted on the Redetermination Request Form with supporting documentation
For multiple claims that contain the same issue, please include the LVAM form with this Part B Reopening Request Form

Requester Information

Printed Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Mail to:

JK: National Government Services, Inc.
P.O. Box 7111
Indianapolis, IN 46207-7111

J6: National Government Services, Inc.
P.O. Box 6475
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.

