



A CMS Medicare Administrative Contractor
https://www.NGSMedicare.com

Remittance Advice Request Form
Part A and Home Health/Hospice Providers

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Tax Identification Number (last five [5] digits): \_\_\_\_\_

NPI & PTAN: \_\_\_\_\_

Part A Contractor Number (please select one):

- 06001 - Wisconsin, 06101 - Illinois, 06201 - Minnesota, 13101 - Connecticut, 13201 - New York, 14111 - Maine, 14211 - Massachusetts, 14311 - New Hampshire, 14411 - Rhode Island, 14511 - Vermont

Home Health or Hospice Contractor Number (please select one):

- 06014 - Alaska, 06014 - California, 06014 - Idaho, 06014 - Nevada, 06014 - Northern Mariana Islands, 06001 - Virgin Islands, 06014 - America Samoa, 06014 - Guam, 06001 - Michigan, 06001 - New Jersey, 06014 - Oregon, 06014 - Washington, 06014 - Arizona, 06014 - Hawaii, 06001 - Minnesota, 06001 - New York, 06001 - Puerto Rico, 06001 - Wisconsin

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Remittance Paid Date: \_\_\_\_\_ Total Dollar Amount: \_\_\_\_\_

Remittance Number: \_\_\_\_\_

Table with 2 columns: Provider categories (Part A/FQHC/HHH, Part A) and Mail to address (National Government Services, Inc. Indianapolis, IN).

