PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

PALMETTO GBA®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Provider Contact Center - Written Inquiry Request Form

***ALL** fields are **REQUIRED**.*

Provider Information

Provider Name:

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax Payer Identification Number (TIN) (Last 5 Digits Only):

Contact Name:

Telephone Number:
( ) -

Extension:

Patient Information (If applicable)

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC):

Claim Date(s) of Service:

Date of Birth:
/ /

Date of Birth is only needed for entitlement / Medicare Advantage requests

Reason for Request:

- ☐ General Billing
- ☐ General Medicare Regulations & Coverage
- ☐ Entitlement (Complete Patient Information section)
- ☐ Explanation of Claim Rejection Message
- ☐ Medicare Advantage (Complete Patient Information section)
- ☐ Crossover (For Crossover Enrollment/Termination Issue, Contact the Patient's Other Insurance)
- ☐ Financial (Complete below)

FCN:

Check Number:

Summary of Issue:

Instructions:

- For requests that involve multiple patients or multiple issues, please complete and submit a separate request for each.
- Although we are committed to answering your written inquiry as soon as possible, CMS allows 45 business days to respond to written inquiries.
- Claims with remittance advice message MA130 or returned with a letter are considered unprocessable. If you are eligible to file paper claims, resubmit your corrected claim on a new CMS-1500 claim form. To ensure efficient processing of your paper claim, do not include this form, a cover letter, or your remittance advice with your new claim. If you are not eligible to file paper claims, you must resubmit electronically.

Please send this form and all additional documentation to

Fax: (803) 462-2215

Palmetto GBA Provider Contact Center
Mail Code: AG-830
P.O. Box 100238
Columbia, SC 29202-3238