

The Noridian Medicare Portal (NMP) may be accessed to review claim status.  
Please allow 45 calendar days for MSP to complete a request submitted on this form.

**Instructions:**

Please complete this form and include it with the submission.  
Each submission should include a completed form and the primary explanation of benefits (if applicable).  
If multiple patients or multiple claims for the same patient, submit separate forms.

**Do Not Use this Form for the Following:**

- Refund checks
- Requesting a Redetermination on an MSP claim for a reason unrelated to MSP
- New claim submissions\CMS-1450 form (UB-04)
- Situations that involve the Veteran’s Administration, PACMED or USFHP (US Family Health Plan)

**Reason for Request**

Not related to no-fault/workers’ comp/liability/Medicare Set-Asides

Medicare paid primary in error

Medicare paid secondary in error

Other \_\_\_\_\_

Patient and Claim Information	Primary Insurance Information	Provider Information
Patient Name	Insurance Name (If Applicable)	Provider Name
Medicare Beneficiary Identifier (MBI)	Insurance Address	Provider Address
Claim Number(s) (DCN)	Subscriber Name (If Applicable)	Provider Phone Number
Claim Date(s) of Service	Subscriber Relationship (If Applicable)	National Provider Identifier (NPI)
Claim Amount	Policy Number	Provider Number (PTAN)
	Effective Date/Term Date	Tax Identification Number (TIN)
	Injury Date (If Applicable)	
	Injury Diagnosis Codes (If Applicable)	

**Please send to:**

Medicare Part A  
Attn: MSP  
PO Box \_\_\_\_\_  
Fargo, ND 58108-\_\_\_\_\_  
Provider Contact Center (PCC) 1-855-609-9960  
Or Fax to 701-277-7852

**State and PO Box Numbers:**

AS 6773    CA 6770    GU 6773  
HI 6773    MP 6773    NV 6772

