

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

