

Complete entire form and submit when sending medical documentation to Noridian. This will ensure the documentation is appropriately sorted and handled.

- I am sending this documentation to Noridian, as requested by:
 - Redeterminations Documentation Request
 - Additional Documentation Request (ADR): Letter Code: _____
 - Comprehensive Error Rate Testing (CERT)
 - Other: **If other, provide documentation requestor name.** _____
- The attached documentation was not requested by Noridian.
Provide explanation why documentation is being sent.

State services were provided: S CA N CA NV HI and Territories

Beneficiary Information

Beneficiary First Name: _____
Beneficiary Last Name: _____
Medicare Number: _____
Date(s) of Service(s): _____
Document Control Number (DCN): _____

Provider Information

Facility/Group Name: _____
Provider Transaction Access Number (PTAN): _____
National Provider Identifier (NPI): _____
Taxpayer Identification Number (TIN): _____

Fax documents to 701-277-7852

Noridian JE Part A
Attn: _____ (if applicable)
PO Box
Fargo, ND 58108 -

State and PO Box Numbers

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