

This form can be used for any general provider inquiry that is not an available option on any other forms (Redetermination, Reopening, or Refunds to Medicare forms.)

**Helpful Hints**

1. ONE REQUEST FORM PER BENEFICIARY AND/OR ISSUE.
2. To reach Noridian Healthcare Solutions, LLC use the Single Toll-Free Customer Service line by dialing 1-855-609-9960.
3. Claims denied with remittance advice message MA130 or returned with an Education Status letter were unprocessable. These claims must be corrected and resubmitted on a new CMS-1500 Claim Form. To ensure timely and accurate processing, do not include this or any other type of cover letter or a remittance advice with new claims.
4. **Do not use this form for Medicare Secondary Payer (MSP), Recoupment, Redeterminations or Reopening requests.**

**Provider Contact Information**

Provider Name: \_\_\_\_\_  
 Provider's Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Phone Number: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_  
 Provider Transaction Access Number (PTAN): \_\_\_\_\_  
 National Provider Identifier (NPI): \_\_\_\_\_ TAX ID: \_\_\_\_\_

**Beneficiary/Claim Information**

**State services were provided:**  AS  CA-N  CA-S  GU  HI  MP  NV

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_  
 Date(s) of Service(s): \_\_\_\_\_  
 Procedure Code: \_\_\_\_\_ Internal Control Number (ICN): \_\_\_\_\_

**Reason for Inquiry Request**

Please select one of the following and provide comments if needed.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> W-9 Request            | <input type="checkbox"/> Fee Schedule    | <input type="checkbox"/> Crossover Question |
| <input type="checkbox"/> Regulations & Coverage | <input type="checkbox"/> General Billing | <input type="checkbox"/> Other              |

**Comments**

**Fax documents to 701-277-7852**

Medicare Part B  
 Attn: Claims Inquiries  
 PO Box  
 Fargo, ND 58108

**State and PO Box Numbers**

AS 6777	HI 6777
CA-N 6774	MP 6777
CA-S 6775	NV 6776
GU 6777	

**Print Form**

