

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:
  - Automated Development System (ADS): Letter Code: \_\_\_\_\_
  - Comprehensive Error Rate Testing (CERT)
  - Redetermination Documentation Request
  - 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): \_\_\_\_\_  
Internal Control Number (ICN): \_\_\_\_\_

**Provider Information**

Individual Provider Name: \_\_\_\_\_  
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 B  
Attn: \_\_\_\_\_ (if applicable)  
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	