

The Noridian Medicare Portal (NMP) may be accessed to review claim status. NMP is available for various types of self-service reopenings, including but not limited to, modifying the MSP type. 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-1500 claim form
- 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
Incorrect MSP type submitted on previously processed claim
Other

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

Please send to:

Medicare Part B
Attn: MSP
PO Box 6774
 Fargo, ND 58108-6774
Provider Contact Center (PCC) 1-855-609-9960
Or Fax to 701-277-7852