

## GENERAL WRITTEN INQUIRIES FORM – MEDICARE PART A

Do not use this form for Medicare Secondary Payer (MSP), Recoupment, Redeterminations or Reopening Requests.

### Helpful Hints

- For requests that involve multiple patients or multiple issues, please complete and submit a separate request for each.
- Although we are committed to answering your written inquiry as soon as possible, CMS allows 45 business days to respond to written inquiries.
- For a quicker response, please call our Provider Contact Center at 877-908-8431.
- This form should only be used when the requester prefers a response in writing.

### Provider Contact Information

Provider Name
Contact Person
National Provider Identifier (NPI)
Provider Transaction Access Number (PTAN)
Tax ID

### Patient Information

Patient Name
Medicare Beneficiary Identifier (MBI/HIC)
Date of Birth (DOB)
Date of Service
Document Control Number (DCN)

### Reason for Inquiry

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### Fax documents to 701-277-7852

Mail to: Medicare Part B, PO Box

Fargo, ND 58108-

### State and PO Box Numbers

AK 6720	AZ 6730	ID 6726	MT 6732	ND 6709
OR 6726	SD 6733	UT 6724	WA 6720	WY 6734