

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 1-877-908-8431.
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: AK AZ ID MT ND OR SD UT WA WY

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

AK 6703	OR 6702
AZ 6704	SD 6707
ID 6701	UT 6725
MT 6735	WA 6700
ND 6706	WY 6708

Print Form

