

GENERAL WRITTEN INQUIRIES FORM – MEDICARE PART B

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 6703

AZ 6704

ID 6701

MT 6735

ND 6706

OR 6702

SD 6707

UT 6725

WA 6700

WY 6708