

MSP Part B Correspondence Form

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 (MBI)	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
argo, ND 58108
Provider Contact Center (PCC) 1-877-908-8431
Or Fax to 701-277-7852

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

