

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 (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 _____ Fargo, 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		

