

Please include this completed provider enrollment form with the submission of rebuttal.
Improperly submitted rebuttals may be dismissed.

Provider/Supplier Information		
Provider/Supplier Name		
National Provider Identifier (NPI)	Medicare ID Number (PTAN):	Document Control Number (DCN)
Provider/Submitter Email Address		
Submitter Mailing Address		
City	State	Zip
Provider/Submitter Fax Number (If applicable)	Medicare Administrative Contractor Noridian Healthcare Solutions	

This rebuttal submission is based on a: Deactivation Stay of Enrollment

At minimum, your rebuttal submission **must**:

1. Be received within 15 calendar days from the date of the deactivation notice or stay of enrollment letter;
2. Specify the facts or issues with which you, and the reasons for disagreement;
3. Include all documentation and information you would like to be considered in reviewing the deactivation; and
4. Be submitted in the form of a letter that is signed and dated by the individual practitioner, an authorized/delegated official, or a legal representative. The provider's or supplier's contact person (as listed in section 13 of the Form CMS-855) does not qualify as a "legal representative" for purposes of signing a rebuttal request. If a legal representative is an attorney, the rebuttal must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the rebuttal must contain written notice of the appointment of the non-attorney as legal representative signed by the individual practitioner or an authorized/delegated official.

You may submit your rebuttal by mail, email, or fax. Please send this completed form, the rebuttal submission, a copy of the deactivation or stay of enrollment letter, and all supporting documentation applicable to the following address:

To mail your rebuttal please see <https://med.noridianmedicare.com/web/jfb/contact/mailling-addresses> for more the appropriate Part A or Part B PO Boxes.

PEAppeals@noridian.com
Medicare Part A: 701-277-7866
Medicare Part B: 701-277-7868



A CMS Medicare Administrative Contractor