

Medicare Part B JF Reopening Form

When to request a reopening

- To correct a clerical error or omission without requesting a formal appeal
- Must be submitted within one year from the date of receipt of the Remittance Advice (RA)
- Requests submitted after one year from date of receipt only accepted if an overpayment is found
- Requests are completed within 60 days from the date of receipt
- Requests accepted after one year from date of receipt if an overpayment is identified (billing error)

State services were provided: AK AZ ID MT ND OR SD UT WA WY

Is the request within one year from the date of receipt of the Remittance Advice (RA)?
 Yes No If no, a reason/evidence must be included to show good cause.

All information is required.

Provider Information

Patient Information

PTAN _____	Patient's Name _____
NPI _____	Medicare Number _____
Tax ID _____	Date of Birth _____
Provider Name _____	ICN _____
Contact Person _____	Date of Service _____
Telephone Number _____	Procedure Code _____

Corrective Action (please be specific):

Reopenings

Medicare Part B JF
 Attn: Reopenings
 PO Box (**Select from Table**)
 Fargo, ND 58108-

Fax appeal requests to: 701-277-7852

Print Form

State	PO Box/Zip Ext	State	PO Box/Zip Ext
AK	6703	OR	6702
WA	6700	WY	6708
AZ	6704	MT	6735
ID	6701	SD	6707
ND	6706	UT	6725

