

Supplier Information

Supplier Name _____
 PTAN _____
 NPI _____
 Tax ID _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone Number _____
 Requestor's Name/Supplier Contact Name _____

- Jurisdiction A - Noridian Healthcare Solutions
- Jurisdiction D - Noridian Healthcare Solutions

Beneficiary Information

Patient Name _____
 Medicare Number _____
 State _____
 Phone Number _____

Overpayment Appeal

YES – If yes, who requested overpayment:

- Medical Review
- UPIC
- SMRC
- CERT
- Recovery Auditor

Date of Service	HCPCS & Modifiers	CCN	Date of Initial Determination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Suggested Documentation Check List:

- Medicare Remittance Advice
- CMN/DIF/Physician's Written Order
- ABN
- Medical Documentation

Reasons/Rationale

Fax Numbers

Noridian Healthcare Solutions - JA 1-701-277-2425
 Noridian Healthcare Solutions - JD 1-701-277-7886

