

Supplier Information

Supplier Name _____

PTAN _____

NPI _____

Tax ID _____

Address _____

City _____

State _____ Zip Code _____

Phone Number _____

Supplier Email Address _____

Requestor's Name/Supplier Contact Name _____

☐ Jurisdiction A - Noridian Healthcare Solutions

☐ Jurisdiction D - Noridian Healthcare Solutions

Beneficiary Information

Beneficiary 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

☐ ABN

☐ CMN/DIF/Physician's Written Order

☐ Medical Documentation

Reasons/Rationale

**Please take a moment to share your thoughts by
scanning the QR code.**



JA



JA

Fax Numbers

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

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

