

MEDICARE DME Reopening Request Form

___ Jurisdiction A - Noridian Healthcare Solutions

___ Jurisdiction C - CGS Administrators, LLC

___ Jurisdiction B - CGS Administrators, LLC

___ Jurisdiction D - Noridian Healthcare Solutions

Supplier Information

Supplier Name _____

Contact Name _____

Tax ID _____

PTAN _____

NPI _____

Address _____

City _____

State _____

Zip Code _____

Supplier Signature _____

Phone # _____

Beneficiary Information

Beneficiary Name _____

Medicare Number _____

Address _____

City _____

State _____

Zip Code _____

___ Add/Change Modifier

___ Correct Number of Services

___ Change HCPCS Code

___ Correct Place of Service

___ Correct Date(s) of Service

___ Corrected Submitted Amount

Reason for Adjustment

___ Correct Diagnosis Code

___ Medicare Secondary Payer (MSP)

___ Other

Date of Service _____

HCPCS _____

Claim Control Number _____

Comments: _____

Fax Numbers

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

CGS Administrators, LLC - JB 1-615-660-5978

CGS Administrators, LLC - JC 1-615-782-4649

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

