noridian
Healthcare Solutions

COVID-19 ACCELERATED AND ADVANCE PAYMENT CAAP DEBT DISPUTE REQUEST

Note: All requests to dispute the validity of the COVID-19 Accelerated and Advance Payment Program debt must be mailed to address indicated on page 2 within 15 days of the demand letter date.

Provider/Supplier Name

1	Provider/Supplier NPI (required)	
2	Provider/Supplier Medicare ID (required)	
3	Accounts Receivable Number (required)	
4	Reason for Disagreeing (required)	☐ Amount has been paid in full ☐ Amount is inaccurate as of the date of the demand letter. The amount owed should be $ as of (Date). *Providers/ suppliers must attach documentation to substantiate both options, including an explanatory statement supported by documents or account statements such as the Repayment Status Letters.
5	Provider/ Supplier's Authorized or Delegated Official (required)	
6	Telephone Number	
7	Preferred Communication for Response	☐ Email ☐ First Class Mail (CMS will use the correspondence address on file for demand letters)
8	Email Address	
9	Date (required)	

By submitting the CAAP Debt Dispute the listed individual certifies they are an authorized representative that is legally able to make commitments and assume obligations on the provider's behalf.

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Authorized or Delegated Official's Name (required)

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Authorized or Delegated Official's Signature (required)

Block 1: Provider or Supplier National Provider Identifier associated with the demanded debt.

Block 2: The Medicare ID (PTAN/CCN) associated with the demanded debt.

Block 3: Accounts Receivable Number - the assigned number given to the debt, as written on the demand letter.

Block 4: Reason for Disagreeing-Debt Validation Disputes are permitted only in circumstances where the provider/ supplier believes the amount reflected in the demand letter, as of the date of the demand letter is not accurate or the amount is not owed by the provider/ supplier because it has already been satisfied.

Block 5: Provider/ Supplier Representative - Name of the person submitting the CAAP Debt Dispute on behalf of the provider/ supplier. By submitting the CAAP Debt Dispute the listed individual certifies they are an authorized representative that is legally able to make commitments and assume obligations on the provider's behalf.

Block 6: Telephone Number: The contact phone number for the person listed in Block 5.

Block 8: Email Address

Block 9: Date - The date on which the provider/ supplier completes the CAAP Debt Dispute. Please note, this date is not used to determine timeliness of CAAP Debt Disputes. Timeliness is based on the post mark or electronic submission date.

Send completed form and documentation to:

Noridian Healthcare Solutions
Attn: DMED CAAP
4510 13th Ave S
Fargo, ND 58103