



Part B Medicare Secondary Payer (MSP) General Inquiry Form

This form is to be used by providers to submit general inquiries to the Financial department. Do not use this form for an overpayment request. The overpayment notification form must be used for overpayment set-up requests or requests to reprocess claims as secondary. Information in all fields below is required for any information that applies to the request.

Select the state your inquiry involves:

Iowa Kansas Missouri Nebraska

Provider/Supplier Name	National Provider Identifier (NPI)
Provider Transaction Access Number (PTAN)	Tax Identification Number (TIN) Last 5 Digits
Address	Telephone Number
City, State, Zip Code	Contact Person's Name
Patient's Name	Date of Service
Medicare Number	Date of Birth
Claim Number (ICN)	Check/EFT Number
Reason For Inquiry	

Mail Completed inquiry form to:

Iowa	Kansas	Missouri	Nebraska
WPS Medicare Part B Financial Unit P.O. Box 8550 Madison, WI 53708-8550	WPS Medicare Part B Financial Unit P.O. Box 7238 Madison, WI 53707-7238	WPS Medicare Part B Financial Unit P.O. Box 14260 Madison, WI 53708-0260	WPS Medicare Part B Financial Unit P.O. Box 8667 Madison, WI 53708-8667