

WPS MEDICARE REDETERMINATION REQUEST FORM

***State service was performed in: IA KS MO NE**

***Note for ambulance claims this is the state where the vehicle is garaged or hangared.**

This is an appeal of an overpayment.	Yes	No	This is an appeal of a Medical Review (MR) Audit/Review.	Yes	No
Have you received a previous redetermination decision for this service?			Yes	No	

Note: If you marked "yes" to any of the above questions, please include a copy of the overpayment, MR letter or decision letter with your request. If the case involves multiple beneficiaries and/or claims, you must also clearly specify which claims/services are being appealed.

Required Information (requests with incomplete information will be dismissed)

Provider Transaction Access Number (PTAN):	National Provider Identifier (NPI) Number	Last 5 digits of Tax ID
**Patient/Beneficiary Name:	Medicare Health Insurance Claim Number (HICN):	
Date of Service:	Date of Initial Determination Notice:	
Individual Claim Number (ICN):	Request is within 120 days of initial claim determination: (If not within 120 include a written statement stating the reason.)	Yes No
Procedure Code:	Billed Amount:	

**If your request involves multiple beneficiaries and/or claims please attach remittance notice(s) or spreadsheet clearly identifying the patient names, HICN, DOS, Procedure code and requested change.

I do not agree with the determination of my claim (s). My reasons are: _____

I have additional information to submit: **Yes** **No**

Attach all additional documentation and submit with this form or provide an explanation below:

Requestor's Information

Requestor's Name:	Requestor's relationship to Beneficiary:
Requestor's Address:	Requestor's Signature:
Requestor's Telephone Number & Extension:	Date Signed:

Please send form to:

WPS Part B Attn: Redeterminations	State where service was provided	PO Box Number /City/State/Zip Code
	IA	PO Box 8550, Madison, WI 53708
	KS	PO Box 7238, Madison, WI 53707
	MO	PO Box 14260, Madison, WI 53708-0260
	NE	PO Box 8667, Madison, WI 53708
J5 B Overpayment Appeals	All J5 States (IA,KS, MO, NE)	PO Box 14144, Madison, WI 53708-0144