

# MEDICARE DME Reopening Request Form

\_\_\_ Jurisdiction B - CGS Administrators, LLC

\_\_\_ Jurisdiction C - CGS Administrators, LLC

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## Supplier Information

Supplier Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

PTAN \_\_\_\_\_

## Beneficiary Information

Beneficiary Name \_\_\_\_\_

Medicare Number \_\_\_\_\_

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Reason for Adjustment     Add/Change Modifier     Correct Number of Services     Change HCPCS Code  
 Correct Place of Service     Correct Date(s) of Service     Corrected Submitted Amount  
 Correct Diagnosis Code     Medicare Secondary Payer (MSP)     Other

Date of Service \_\_\_\_\_

HCPCS \_\_\_\_\_

Claim Control Number \_\_\_\_\_

Comments: \_\_\_\_\_

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You can now submit Reopening forms online! Visit the Reprocessing tab in myCGS to submit a form, see Reopening status, or make simple claim corrections. <https://mycgportal.com/myCGS/>

### Fax Numbers

CGS Administrators, LLC - JB ..... 1.615.660.5978

CGS Administrators, LLC - JC ..... 1.615.782.4649

