

JURISDICTION 15 PART A

DUPLICATE REMITTANCE ADVICE REQUEST FORM

Instructions: Complete this form to order a hard copy duplicate of a Part A Medicare remittance advice (RA) (electronic or paper). All form locators must be correctly completed. Incomplete forms will be returned. We will not process requests for hard copy duplicates until 45 days after the date of the ERA (see note). Return this form to:

CGS Administrators, LLC
J15 Part A PCC
PO Box 20200
Nashville, TN 37202

Requests will be completed within 45 business days of receipt and mailed to the remittance advice address on the Fiscal Intermediary Standard System (FISS) provider file.

Did you know? The myCGS portal is available 24/7 and allows registered users to view and print remittance advices free of charge!

Note: The electronic remittance advice (ERA) file is available for download from a GPNet mailbox for 14 days. If necessary, you may request the ERA to be made available in your mailbox within 45 days of the date of the ERA. Requests can be submitted via the EDI Report Request Tool (https://cgsmedicare.com/medicare_dynamic/edi_reports/001.asp) or the Electronic Data Interchange (EDI) Help Desk at 1.866.590.6703, Option 2.

Provider Information

Provider Name: _____
Provider Number: _____ **Tax Identification Number:** _____
National Provider Identifier (NPI): _____
Contact Name: _____ **Contact Telephone Number:** _____

Please send me copies of the following Remittance:			
	Remittance Date	Remittance Number	Remittance Amount
1			
2			
3			
4			
5			
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12			
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