Medicare Part B Reopenings Adjustment Request Form

GRF 679

State Kentucky ☐ Ohio ☐ Date

Contact Phone Number

Provider Information

Name Last 5 digits of Tax ID Number

Billing PTAN Number Billing NPI Number

Beneficiary Information

Name

Medicare Number

Service Date	HCPCS	ICN (one claim per form)

Adjustment Details

This request is for an Medicare Secondary Payer (MSP): ☐

Note: Only for auto, worker's comp, or liability claims.
Supporting documentation is required.

This request is for Non-MSP (Non-Medicare Secondary Payer): ☐

This request is for CGS to cancel this claim. ☐

If claim was paid, submit Overpayment Refund form.

Other (provide information below)

Send to
J15 - Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202

CGS® CELERIAN GROUP COMPANY

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Originated February 3, 2017 | Revised July 23, 2019