Medicare Part B Reopenings Modifier Adjustment Request Form

RMF 780

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

Line	Position	Adjustment Type *A=Add, R=Replace, D=Remove*	New Value

Send to

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

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