Medicare Part B Reopenings Place of Service Adjustment Request Form

POS 419

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	New Value Place of Service

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

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CGS® CELERIAN GROUP COMPANY

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES