Medicare Part B Reopenings Adjustment Request Form GRF 679

State Kentucky __ Ohio __ Date

Contact

Provider Information

Name | Last 5 digits of Tax ID Number

Billing PTAN Number | Billing NPI Number

Address

Phone Number

Beneficiary Information

Name

Medicare Number | Date of Birth

Address

Phone Number

Service Date	HCPCS	ICN

NOTE: If Multiple ICNs, you may attach a detailed remit with this information.

Reason for Request

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

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

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

Fax Number
Kentucky - 1.615.664.5914
Ohio - 1.615.664.5924

CGS® CELERIAN GROUP COMPANY

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Revised February 3, 2017 | Revised March 2, 2017

© 2017 Copyright, CGS Administrators, LLC.