

FALL 2019 MEDICARE ROAD SHOW ONE-ON-ONE MEETING REQUEST FORM

Registered attendees of the Fall 2019 Medicare Road Show may request a one-on-one meeting.
All fields below **MUST** be completed before faxing this form and any additional documentation.

Requestor's Name	Approved	Date/Time
Requestor's Phone Number	Denied	Reason
Requestor's Email		

PROVIDER INFORMATION

Check one	Part A (Institutional/UB-04/837I)	Part B (Professional/CMS-1500/837P)
Provider Name		
PTAN	NPI	
Tax ID		
Address		
City	State	Zip Code

REASON FOR MEETING (CHECK ONE)

Claim Issue*	Provider Enrollment	Appeals	Reopening	Other (Indicate below)
--------------	---------------------	---------	-----------	------------------------

DETAILS:

* FOR CLAIM ISSUE, LIST THE CLAIM(S) INTERNAL CONTROL NUMBER (ICN)/
DOCUMENT CONTROL NUMBER (DCN):

Fax **COMPLETED** form to: 1.615.660.5066.

Form must be received by September 30th, 2019 in order to honor request for a one-on-one meeting. Confirmation will be sent via email to the requestor.