

REBUTTAL INFORMATION COVER SHEET

PLEASE INCLUDE THIS COMPLETED FORM WITH YOUR REBUTTAL.
Improperly submitted rebuttals may be dismissed.

Provider/Supplier Name:

Provider/Supplier Mailing Address:

National Provider Identifier (NPI):

Medicare ID Number (PTAN):

Provider/Supplier Email Address:

Provider/Supplier Fax Number:

Medicare Administrative Contractor: CGS Administrators, LLC

This rebuttal submission is based on a: **Deactivation** **Stay of Enrollment**

At minimum, your rebuttal submission **must**:

- 1) Be received within 15 calendar days from the date of the deactivation notice or stay of enrollment letter;
- 2) Specify the facts or issues with which you, and the reasons for disagreement;
- 3) Include all documentation and information you would like to be considered in reviewing the deactivation; and
- 4) Be submitted in the form of a letter that is signed and dated by the individual practitioner, an authorized/delegated official, or a legal representative. The provider's or supplier's contact person (as listed in section 13 of the Form CMS-855) does not qualify as a "legal representative" for purposes of signing a rebuttal request. If a legal representative is an attorney, the rebuttal must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the rebuttal must contain written notice of the appointment of the non-attorney as legal representative signed by the individual practitioner or an authorized/delegated official.

You may submit your rebuttal by mail, email, or fax. Please send this completed form, the rebuttal submission, a copy of the deactivation or stay of enrollment letter, and all supporting documentation applicable to **ONE** of the following:

Rebuttal mailing address: CGS Administrators, LLC
J15 Part B Provider Enrollment Department
PO Box 20017
Nashville, TN 37202-0013

Rebuttal fax number (Kentucky): 1.615.664.5915

Rebuttal fax number (Ohio): 1.615.664.5925

Rebuttal email address: J15.Provider.Enrollment@cgsadmin.com



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