

**CMS** / Part A ADR Response Cover Sheet  
CENTERS for MEDICARE & MEDICAID SERVICES

J1 MAC Part A MR ADR  
FAX Number (803) 462-3928

DCN on ADR (Note – each DCN needs its own ADR response sheet): \_\_\_\_\_

Health Insurance Claim (HIC) Number: \_\_\_\_\_

Claim Date(s) of Service: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Legacy Provider Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider's Fax Number if ADR response is being faxed to Palmetto GBA: \_\_\_\_\_

Comments: \_\_\_\_\_

**Type Claim:**

- Ambulance
- Drugs/Biologicals
- ESRD
- Inpatient Hospital

- Lab
- Outpatient Hospital
- SNF
- Other \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

The document being transmitted contains private, privileged, and confidential information belonging to the sender and intended for use by the addressee only. If this transmission is received by anyone other than the addressee, please advise the sender immediately so that the sender can arrange for the return of the documents. In such circumstances, you are advised that you may not review, disclose, copy, distribute, or take any other action in connection with the documents transmitted

