

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

J1 MAC Part B MR ADR
FAX Number (803) 462-3929

ICN on ADR (Note – each ICN 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
- Chiropractic
- E&M
- Lab

- Psychiatric
- Radiology
- Surgery
- Other _____

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