

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10180</b>	<b>Date: June 12, 2020</b>
	<b>Change Request 11609</b>

**Transmittal 10072, dated May 1, 2020, is being rescinded and replaced by Transmittal 10180, dated, June 12, 2020, to add the attachment titled, "How to Handle Denied Claims or File an Appeal" to make manual revisions and to revise business requirements 11609.5, 11609.7 and 11609.11.1. All other information remains the same.**

**SUBJECT: Removal of Signature Line from Appeals Page of the Medicare Summary Notice (MSN) and MSN Envelope Correction**

**I. SUMMARY OF CHANGES:** On May 7, 2019, CMS published a final rule, 84 FR 19855, which removes the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I. This final rule became effective July 8, 2019. MACs have been instructed through previously issued technical direction that effective July 8, 2019, MACs shall no longer dismiss appeal requests for lack of signature. Because of this, we are now instructing contractors to remove the signature line from the appeals page of the Medicare Summary Notice (MSN).

Also included in this CR is information correcting the text that should be displayed on MSN envelopes. There is conflicting information in the IOM and the MSN envelope exhibits posted online, so we are using this CR as an opportunity to correct this issue, since the envelope correction also involves changes to Chapter 21 of the IOM.

**EFFECTIVE DATE: October 1, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 5, 2020**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	21/10/3.8/ Specifications for Section 4 (Last Page): Denials and Appeals

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 10180	Date: June 12, 2020	Change Request: 11609
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**Transmittal 10072, dated May 1, 2020, is being rescinded and replaced by Transmittal 10180, dated, June 12, 2020, to add the attachment titled, "How to Handle Denied Claims or File an Appeal" to make manual revisions and to revise business requirements 11609.5, 11609.7 and 11609.11.1. All other information remains the same.**

**SUBJECT: Removal of Signature Line from Appeals Page of the Medicare Summary Notice (MSN) and MSN Envelope Correction**

**EFFECTIVE DATE: October 1, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 5, 2020**

## I. GENERAL INFORMATION

**A. Background:** On May 7, 2019, CMS published a final rule, 84 FR 19855, which removes the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I. This final rule became effective July 8, 2019. MACs have been instructed through previously issued technical direction that became effective July 8, 2019, MACs shall no longer dismiss appeal requests for lack of signature. As a result of this, CMS is instructing contractors to remove the signature line from the appeals page of the Medicare Summary Notice (MSN).

**B. Policy:** In order to promote consistency between appeal levels, ensure transparency in developing our appeal request requirements, help ensure that we do not impose nonessential requirements on appellants, reduce the burden on appellants, and improve the appeals process based on our experience, we have removed the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C S	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11609.1	On the "How to Handle Denied Claims or File an Appeal" page (the Appeals page) of the Medicare Summary Notice (MSN) contractors shall remove the "Your or your representative's signature" text and signature box from the "File an Appeal in Writing" section.	X	X	X	X			X		RRB-SMAC	
11609.1.1	Shared System Maintainers (SSMs) shall work with the Medicare Administrative Contractors (MACs) (or their print centers, if applicable) to update the form flash changes of the Appeals page, and provide the					X	X				

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers			Other	
		A	B	H H H		F I S S	M C S	V M S		C W F
	SSMs provided to them.									
11609.8	All above BRs also apply to the Spanish version of the MSN. The signature box shall also be removed from the Spanish version of the Appeals page of the MSN.	X	X	X	X	X	X	X		RRB-SMAC
11609.9	Contractors shall remove the "Return Service Requested" text from MSN envelopes, if their MSN envelopes contain that text.	X	X	X	X					RRB-SMAC
11609.9.1	Contractors shall refer to Pub 100-04, Chapter 21, section 10.3.10.B, figure10.3.10.BI for an example of a correct Pay MSN envelope.	X	X	X	X					RRB-SMAC
11609.9.2	Contractors shall also refer to revised Exhibit 2.15 - Pay MSN Envelope, located online at <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html</a> , by clicking on Chapter 21 - Medicare Summary Notices - English Exhibits, which now displays a correct example of a Pay MSN envelope.	X	X	X	X					RRB-SMAC
11609.10	Changes made pursuant to this Change Request (CR) shall be effective upon implementation, and not based on date of service.	X	X	X	X	X	X	X		RRB-SMAC
11609.11	A status update call shall be held during the week of September 7, 2020, to determine if all contractors are on track to implement the CR on October 5, 2020.	X	X	X	X	X	X	X		CMS, RRB-SMAC
11609.11.1	If the CR cannot be implemented on schedule, remedial actions shall be determined and a new implementation date shall be established.	X	X	X	X	X	X	X		CMS, RRB-SMAC

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Cindy Ardissonne, [cynthia.ardissone@cms.hhs.gov](mailto:cynthia.ardissone@cms.hhs.gov) , Scott Schiller, [scott.schiller@cms.hhs.gov](mailto:scott.schiller@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**

### 10.3.8 - Specifications for Section 4 (Last Page): Denials and Appeals (Rev. 10180, Issued: 06-12-2020, Effective: 10-01-2020, Implementation: 10-05-2020)

This section of the MSN helps beneficiaries understand how to handle denied claims; it also explains how and when to file an appeal. This section should be printed in its entirety on exactly one page, and it should always appear on the MSN's final page. It can appear on either the front or reverse of a sheet.

#### A. Section Title

##### POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

The content area begins (0", 5"), 7 points from the baseline of Headers of Other Pages subsection. It is full-page or 540 points in width and 24 points in height.



figure 10.3.8.A

##### FORMATTING

[GR 2.1] black rule  
[TH 2] section header

##### DYNAMIC RULES

N/A - this section is static

##### CONTENT

How to Handle Denied Claims or File an Appeal

#### B. Get More Details

##### GLOBAL SPECIFICATIONS

##### POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

The content area begins (0", 0.94") or 28 points from the baseline of the Section Title subsection. It is one-column or 259 points in width and 167 points in height.

TH 3	—	<b>Get More Details</b>	—	GR 2.1
TB 1.2	—	<b>If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim.</b> Make sure they sent in the right information.	—	GR 4.1
TB 1.1	—	If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.	—	GR 6
		Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.		

figure 10.3.8.B

## FORMATTING

[GR 2.1] black rule  
 [TH 3] subsection header  
 [GR 4.1] space after header  
 [TB 1.2] highlight first sentence [TB 1.1] body text  
 [GR 6] space between paragraph  
 [TB 1.1] body text

## DYNAMIC RULES

N/A - this section is static

## PART A INPATIENT AND 'B OF A' SPECIFICATIONS

### CONTENT

#### Get More Details

**If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim.** Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

## PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

### CONTENT

#### Get More Details

**If a claim was denied, call or write the provider and ask for an itemized statement for any claim.** Make sure they sent in the right information. If they didn't, ask the provider to



contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

## DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

### CONTENT

#### Get More Details

**If a claim was denied, call or write the supplier and ask for an itemized statement for any claim.** Make sure they sent in the right information. If they did not, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### C. If You Disagree

#### POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the Get More Details subsection. It is one-column or 259 points in width and 132 points in height. The last line has a black rule around the appeal due date. The date field is 158 points wide.

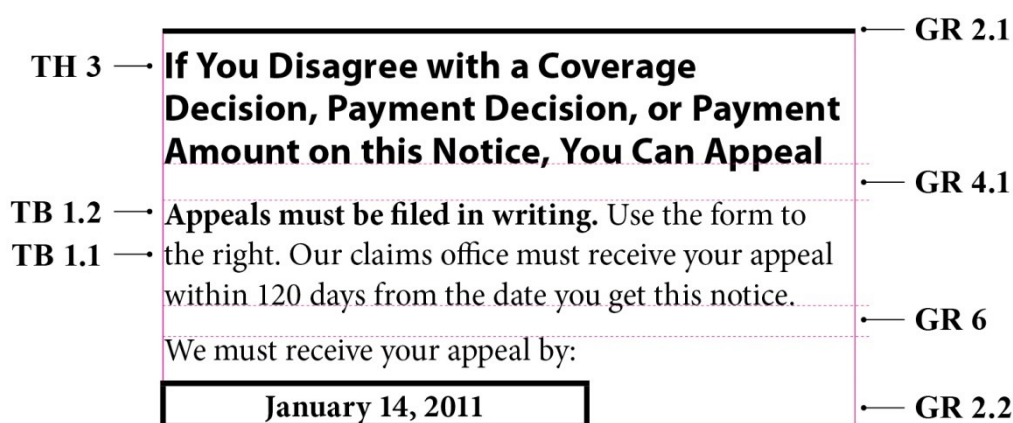


figure 10.3.8.C

#### Formatting

[GR 2.1] black rule

[TH 3] subsection header

[GR 4.1] space after header

[TB 1.2] highlight first sentence [TB 1.1] body text

[GR 6] space between paragraph

[TB 1.1] body text

[TB 1.2] appeals due date, center aligned [GR 2.2] highlight edges of Column 2

#### DYNAMIC RULES

This subsection contains a dynamically generated date: the beneficiary's appeal deadline. The date printed should be 125 days from the notice date in the Notice Details subsection of Part 1. The date is listed with a spelled-out month, numeric day, and complete numeric year (e.g., October 15, 2021).

## CONTENT

### **If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal**

**Appeals must be filed in writing.** Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:  
**{Month DD, YYYY}**

### **D. If You Need Help Filing Your Appeal**

## GLOBAL SPECIFICATIONS

## POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the If You Disagree subsection. It is one-column or 259 points in width and 190 points in height.



*figure 10.3.8.D*

## FORMATTING

[GR 2.1] black rule

[TH 3] subsection header

[GR 4.1] space after header

[TB 1.2] highlight first sentence [TB 1.1] body text

[GR 6] space between paragraph

[TB 1.2] highlight first sentence, [TB 1.1] body text

[GR 6] space between paragraph

[TB 1.2] highlight first sentence [TB 1.1] body text

## DYNAMIC RULES

If the mailing address is that of the legal representative, the beneficiary's address state should be used to identify the SHIP contact number, not that of the legal representative.

**NOTE:** If the mailing address is that of the legal representative and the beneficiary's address indicates that the beneficiary lives outside of the 50 U.S. states and U.S. territories, then the final paragraph on page 2 should be suppressed. See alternate language in the Content specifications below.

When there is a combined MSN that has Part A Inpatient claims with Hospice and/or Home Health claims, use the content for Part A Inpatient specification.

## PART A INPATIENT AND 'B OF A' SPECIFICATIONS

### CONTENT

#### **If You Need Help Filing Your Appeal**

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your facility:** Ask your facility for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

#### **If You Need Help Filing Your Appeal**

**Contact us:** Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

**Call your facility:** Ask your facility for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

### CONTENT

#### **If You Need Help Filing Your Appeal**

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

**Call your facility:** Ask your facility for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

### CONTENT

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your supplier:** Ask your supplier for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

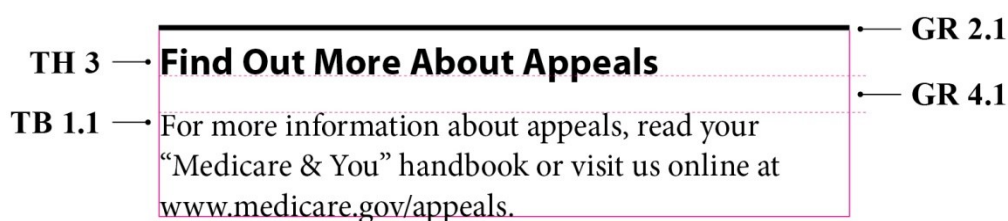
**Call your facility:** Ask your facility for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## E. Find Out More

### POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the If You Need Help Filing Your Appeal subsection. It is one-column or 259 points in width and 72 points in height.



*figure 10.3.8.E*

### FORMATTING

[GR 2.1] black rule  
[TH 3] subsection header  
[GR 4.1] space after header  
[TB 1.1] body text

## CONTENT

### Find Out More About Appeals

For more information about appeals, read your “Medicare & You” handbook, or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

## F. File an Appeal in Writing

### GLOBAL SPECIFICATIONS

#### POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

This subsection begins (3.9", 0.94"). This should top align with the Get More Details subsection in the left column. It is one-column or 259 points in width and 652 points in height.

Indent in 8 points top and left and 16 points from right to begin content area. Tab 12 points from left to start appeal instructions and fill-in box.

The beneficiary fill-in box in Step 3 *is* 218 points in width and 22 points in height.

The telephone number fields are split further, with 19 points of width for each number and 7 points of space in between the fields. Any space after the 10 digit fields should be left as gray fill.

The diagram shows a form section titled "File an Appeal in Writing". The form is divided into three main steps:

- Step 1:** "Circle the service(s) or claim(s) you disagree with on this notice."
- Step 2:** "Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice."
- Step 3:** "Fill in all of the following:"

Below Step 3, there are two fill-in areas:

- A text field for "Your or your representative's full name (print)".
- A text field for "Your telephone number", which is split into 10 individual digit boxes.

Annotations on the right side of the form indicate the following specifications:

- GR 1:** Points to the title "File an Appeal in Writing".
- GR 4.1:** Points to the space after the title.
- GR 5:** Points to the text "Your or your representative's full name (print)".
- GR 7:** Points to the text input box for the full name.
- GR 6:** Points to the text "Your telephone number".

figure 10.3.8.F

## FORMATTING

[GR 1] gray fill  
[TH 3] subsection header  
[GR 4.1] space after header  
[TB 2.1] body text  
[GR 4.1] space after header  
[TB 2.2] step 1 [TB 2.1] body text  
[GR 4.1] space after header  
[TB 2.2] step 2 [TB 2.1] body text  
[GR 4.1] space after header  
[TB 2.2] step 3 [TB 2.1] body text  
[GR 4.1] space after header  
[TB 2.1] fill in category  
[GR 5] space after text  
[GL 7] fill in box

[GR 6] space after text  
[TB 2.1] fill in category  
[GR 5] space after text  
[GL 7] fill in boxes  
[GR 4.1] space after header  
[TB 2.2] steps 4 - 7 [TB 2.1] body text  
[GR 4.1] space after header  
[TB 2.2] MAC address

## DYNAMIC RULES

In Step 7 of the File an Appeal in Writing subsection, beneficiaries are instructed where to mail their appeals material. The mailing address listed should be the preferred mailing address of the MAC generating the MSN.

The address should appear in the following format:

First Line: Medicare Claims Office (static text)  
Second Line: c/o { A/B MAC (A), (B), (HHH), or DME MAC Name} Third Line:  
{ MAC Street Address or PO Box, Suite Number}  
Fourth Line: { MAC City}, {ST} {ZIP+4}

If the MAC uses another name to refer to the 'Medicare Claims Office,' add an additional line after the second line with an 'attn:' to refer to the department. The first line should stay static for all return addresses.

First Line: Medicare Claims Office (static text)  
Second Line: c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}  
Third Line: attn: {Appeals Department Name}  
Fourth Line: {MAC Street Address or PO Box, Suite Number}  
Fifth Line: {MAC City}, {ST} {ZIP+4}

When there is a combined MSN that has Part A Inpatient claims with Hospice and/or Home Health claims, use the content for Part A Inpatient specification.

## PART A INPATIENT AND 'B OF A' SPECIFICATIONS

### CONTENT

#### **File an Appeal in Writing**

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.

- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

#### **Medicare Claims Office**

c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}

{MAC Street Address}

{MAC City}, {ST} {ZIP+4}

## PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

### CONTENT

#### **File an Appeal in Writing**

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.

- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}**  
**{MAC Street Address}**  
**{MAC City}, {ST} {ZIP+4}**

## DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

### CONTENT

#### **File an Appeal in Writing**

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}**  
**{MAC Street Address}**  
**{MAC City}, {ST} {ZIP+4}**



# How to Handle Denied Claims or File an Appeal

## Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

## If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

**Appeals must be filed in writing.** Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

**January 14, 2011**

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

## File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

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Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o Contractor Name**  
**Street Address**  
**City, ST 12345-6789**