

HOME HEALTH & HOSPICE

DUPLICATE REMITTANCE ADVICE REQUEST FORM

Instructions: Complete this form to order a hard copy duplicate of a home health or hospice Medicare remittance advice (RA) (electronic or paper). All form locators must be correctly completed. Incomplete forms will be returned.

A duplicate RA will be provided for \$15.00 per copy. Orders received without payment will not be processed. We will not process requests for hard copy duplicates until 45 days after the date of the ERA (see note). Return this form along with your check payable **CGS Administrators, LLC**, to:

CGS
PO Box 6000
Columbia, SC 29260-6000

Requests will be completed within 45 business days of receipt and mailed to the remittance advice address on the Fiscal Intermediary Standard System (FISS) provider file.

Note: The electronic remittance advice (ERA) file is available for download from a GPNet mailbox for 14 days. If necessary, you may request the ERA to be made available in your mailbox within 45 days of the date of the ERA. Requests can be made by accessing the EDI Report Request Tool at http://www.cgsmedicare.com/medicare_dynamic/edi_reports/001.asp on our website, or by contacting the Electronic Data Interchange (EDI) Help Desk at 1.877.299.4500, Option 2.

Provider Information

Provider Name: _____

Provider Number: _____ **Tax Identification Number:** _____

National Provider Identifier (NPI): _____

Contact Name: _____ **Contact Telephone Number:** _____

Please send me copies of the following Remittance:

	Remittance Date	Remittance Number	Remittance Amount
1			
2			
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