

General Information

If the form is not completed entirely it will be rejected.

1. **Date of request:** Today's date.
2. **Initial Request or Subsequent request:** Mark if this is the first time submitted or if this is a subsequent request. The subsequent request(s) may be submitted within 30 days of the initial request.
3. **Indicate if this item has been delivered:** Indicate yes or no.
4. **Number of pages (including coversheet):** Indicate the total number of pages in the fax.
5. **HCPCS:** Indicate the specific Healthcare Common Procedure Coding System (HCPCS) code. Do not mark more than one code. One pre-review item per request.

Beneficiary Information:

1. **Name:** Name of Beneficiary.
2. **Address:** Enter the patient's permanent residence on file with the Social Security Administration.
3. **Date of Birth:** Enter the patient's date of birth.
4. **Medicare Number:** Enter the Medicare Number (MBI) of the patient as it appears on their Medicare card.

Supplier Information

1. **Supplier Name:** The name of the company/supplier.
2. **Contact's Name:** The first and last name of the person requesting a pre-review.
3. **Address:** Enter the supplier's billing address.
4. **Phone Number:** Enter a contact number where the person requesting a pre-review may be reach if additional information is required.
5. **Fax Number:** Enter a fax number where the results letter may be sent.
6. **National Provider Number (NPI):** Enter the 10-digit NPI number assigned by the National Plan and Provider Enumeration System.
7. **Provider Transaction Access Number (PTAN):** Enter the number assigned by the DME MAC.

Instructions:

Please complete the form entirely, then fax this sheet and all supporting documentation to:

1.615.664.5951 (Jurisdiction B) or **1.615.664.5905** (Jurisdiction C)

The fax cover sheet should be first, followed by the completed form, then the supporting documentation.

If mailed, please send all supporting documentation to:

Jurisdiction B: CGS
PO BOX 20007
Nashville, TN 37202

Jurisdiction C: CGS
PO Box 20010
Nashville, TN 37202

Participation in CGS Connect™ does not exempt suppliers from the audit process. Our review and recommendations under the CGS Connect™ program are for educational purposes only and do not guarantee payment for services billed. CGS Connect™ does offer you professional evaluation of your pre-claim documentation and it provides you with individualized education to prevent future documentation-related errors.

For additional information and support, visit the CGS website at: <http://www.cgsmedicare.com/>