

DME MAC Jurisdiction C Medical Review **Targeted Probe Program** Additional Documentation Coversheet

Only use this coversheet when directed to use it. **Fill in all information below.**

Medicare Claim Number (System Number):	
Beneficiary's Medicare Number:	
PTAN (Supplier Number):	
Case ID:	

Place this coversheet on top and include all requested documentation. If responding for more than 1 claim, use a separate coversheet for each claim and send in separate fax transmissions.

Fax this response to: 1.615.660.5492

To respond to other types of requests for documentation or to submit a request, please refer to the documentation request for instructions on how to respond and/or visit the CGS Medicare website to find instructions on how to submit various requests.

<https://www.cgsmedicare.com/jc/forms/index.html>

Please ensure all records are signed appropriately. Medicare requires that medical record entries for items and services provided/ordered be authenticated by the author. The documentation you submit in response to this request should comply with the requirements. If the signature requirements are not met, the reviewer will conduct the review without considering the documentation with the missing or illegible signature. Please refer to the CGS Medicare website for additional information regarding signature requirements. https://www.cgsmedicare.com/forms/cms_signature_req.pdf

