FIRST COAST SERVICE OPTIONS, INC.

CMS CENTERS for MEDICARE & MEDICAID SERVICES

A CMS CONTRACTED INTERMEDIARY & CARRIER

MEDICARE

Request For Telephone Clerical Reopening Form for Part B

Date Faxed: _____

Confirmation Number: _____

Customer Service Representative/Supervisor Name: _____

Contact Person (First and Last Name): _____

Contact Phone Number: _____

Provider Number: _____ Tax ID/SSN: _____

Health Insurance Claim Number	Date of Service	Internal Control Number (ICN)	Reason for Clerical Reopening Request

Instructions:

- All related information (dates of service, ICN, etc.) must be completed on the form or the request will not be honored.
- A new confirmation number **must** be obtained for each faxed clerical reopening request by calling Medicare Part B at (866) 454-9007.
- A limit of 10 forms can be submitted per day.
- Fax your completed request to (904) 791-6910.