Form Approved OMB
No. 0938-1197

PATIENT'S REQUEST FOR MEDICAL PAYMENT

IMPORTANT: PLEASE READ THE ATTACHED INSTRUCTIONS PRIOR TO SUBMITTING A CLAIM TO MEDICARE

SEND ONLY THE COMPLETED FORM TO YOUR MEDICARE ADMINISTRATIVE CONTRACTOR – Include a copy of the itemized bill and any supporting documents. Make a copy of your claim submission for your records and allow at least 60 days for Medicare to receive and process your request.

Reference the Medicare Administrative Contractor Address Table for the correct address to mail your claim form.

Medicare will not process a beneficiary request for payment for diabetic test strips, Part B drugs, or for items paid for under the DMEPOS Competitive Bidding program.

Your reason for submitting this claim: (see the Instructions for additional information, check one box only)

- ○ The provider or supplier refused to file a claim for Medicare Covered Services
- ◉ The provider or supplier is unable to file a claim for the Medicare Covered Services
- ○ The provider or supplier is not enrolled with Medicare

IF YOU NEED HELP, CALL 1-800-MEDICARE (1-800-633-4227). TTY USERS SHOULD CALL 1-877-486-2048.

Type of Patient's Request (see instructions for additional information, check one box only):

- ○ Influenza/Pneumococcal Vaccination, Part B (includes physician, laboratory, imaging services), Foreign Travel (including Canada and Mexico) and/or Shipboard Services
- ○ Durable Medical Equipment, Prosthetics, Orthotics and Supplies

PLEASE TYPE OR PRINT INFORMATION

SECTION 1 - PATIENT INFORMATION

Patient's Name as shown on Medicare Card *(Last, First, Middle)*

Patient's Medicare Number exactly as it is shown on the Medicare card:	Date of Birth *(mm/dd/yyyy)*	○Male ○Female

Street address (or P.O. Box - include apartment number)

City	State	Zip code

Telephone number

SECTION 2 - INFORMATION ABOUT SERVICES FURNISHED

FOR ALL CLAIMS including Influenza and Pneumococcal Vaccinations, describe the illness or injury for which you received treatment.

Acupuncture services

Attach all supporting documentation to the form including an itemized bill with the following information:

- Date of service
- Place of service
- Description of illness or injury
- Description of each surgical or medical service or supply furnished
- Charge for each service
- The doctor's or supplier's name and address
- The provider or supplier's National Provider Identifier (NPI) If known Provider: 1881821593 Grp:1356693709

IMPORTANT: If the itemized bill is from:

- A Clinical laboratory for ordered tests
- An independent diagnostic imaging center for ordered imaging procedures
- A supplier of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) for ordered DMEPOS

The ordering & referring providers legal name **MUST** be included on the itemized bill.

Please also include the ordering & referring providers National Provider Identifier (NPI) if known.

Was the condition related to:

◯Yes◯No Employment

◯Yes◯No Auto Accident

◯Yes◯No Treatment for chronic dialysis or kidney transplant

◯Yes◯No Other Accident

SECTION 3 - INFORMATION ABOUT HEALTH INSURANCE OTHER THAN MEDICARE

Complete this section if you are age 65 or older and enrolled in a health insurance plan where you or your spouse are currently working and covered by any medical coverage other than Medicare.

◯Yes◯No Are you employed and covered under an employee health plan?

◯Yes◯No Is your spouse employed and are you covered under your spouse's employee health plan?

◯Yes◯No Do you have any medical coverage other than Medicare, such as private insurance, MEDIGAP, employment related insurance, Medicaid,or the Veterans Administration (VA)?

Name of other Medical Insurance

Policy Number including Medicaid ID Number

Policyholder's Name *(Last, First, Middle)*

Street Address (or P.O. Box) of other Medical Insurance

City	State	Zip code

Please attach a copy of your primary insurer's Explanation of Benefits if Medicare is secondary.

SECTION 4 - SIGNATURE

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

I authorize any holder of medical or other information about me to release it to the Centers for Medicare & Medicaid Services or its designated contractor or the Social Security Administration for this Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to me.

Signature of Patient	Date Signed *(mm/dd/yyyy)*

If you cannot sign your name, mark an (X) on the signature line. Have a witness sign his/her name next to the "X" and complete the section below.

If signing this form on behalf of a Medicare patient, on the 'Signature of Patient' line above, indicate the patient's name followed by "By" and sign your name. Provide your name, address, and relationship to the patient with a brief explanation why the patient cannot sign.

Name of Witness *(Last, First, Middle)*

Street Address

City	State	Zip code

Relationship to the Patient

Signature of Witness	Date Signed *(mm/dd/yyyy)*

Briefly explain why the Patient cannot sign:

Send the completed form and supporting documentation to your Medicare contractor. Reference the Medicare Administrative Contractor Address table for the correct address to mail your claim form. If you still do not know the address of your Medicare contractor, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

COLLECTION AND USE OF MEDICARE INFORMATION

We are authorized by the Centers for Medicare & Medicaid Services to ask you for information needed in the administration of the Medicare program. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act, as amended.

The information we obtain to complete your Medicare claim is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made.

The information may also be given to other providers of services, Medicare Administrative Contractor (MAC), medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information to a hospital or doctor about the Medicare benefits you have used.

With one exception, which is discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of the claim. Failure to furnish any other information, such as name or Medicare number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for the treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information. If you are being treated for a work related injury be sure to check the appropriate box in Section 2 titled 'Condition Related to'.

Physicians and other suppliers, such as clinical laboratories, imaging service suppliers, and durable medical equipment suppliers are required by law to submit a claim for Medicare covered services furnished to you, the Medicare beneficiary, within one year of the date of service.

To reduce your out-of-pocket expenses, Medicare beneficiaries should always obtain medical care from physicians and other suppliers who are enrolled in the Medicare program. If you submit a claim for covered services furnished by a physician or other supplier who is not enrolled with the Medicare program, your claim may be denied.

For a list of participating Medicare enrolled physicians in your area, please go to **www.medicare.gov/physiciancompare** or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If a physician or supplier furnishes Medicare covered services to you and refuses to submit a claim on your behalf for those services, please call 1-800-MEDICARE (1-800-633-4227) in order to file a complaint with the Medicare contractor. TTY users should call 1-877-486-2048.

When you submit your own claim to Medicare, complete the entire form. If the claim form has incomplete or invalid information, the Medicare contractor will return the claim along with a letter to you clearly stating what information is missing or invalid.

If the Patient is deceased, please contact your Social Security office for instructions on how to file a claim.

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

INSTRUCTIONS

READ BEFORE SUBMITTING A CLAIM TO MEDICARE

(PLEASE RETURN ONLY THE FORM AND NOT THE INSTRUCTION)

Patient's Request for Medical Payment for the Influenza/Pneumococcal Vaccinations, Part B Services, (includes physician, laboratory, imaging services), Durable Medical Equipment, Prosthetics, Orthotics and Supplies, Foreign Travel (including Canada and Mexico) and Shipboard Services

Influenza and Pneumococcal Vaccination:

Medicare may pay for seasonal influenza and pneumococcal vaccinations. Annual Part B deductible and coinsurance amounts do not apply. Medicare does not pay for the hepatitis B vaccines. All physicians, non-physician practitioners, and suppliers who administer seasonal influenza vaccinations must take assignment on the claim for the vaccine.

Part B Services:

In most situations, your physician, other practitioner or supplier will submit your claim to Medicare, if they do not, you can submit a claim.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies:

In most situations, your supplier of DMEPOS will submit your claim to Medicare, if they do not, you can submit a claim for an item or services furnished by this supplier.

Foreign Travel (including Canada and Mexico):

Medicare law prohibits payment for health care services furnished outside the United States (U.S.) except in certain limited circumstances. The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Services furnished on a ship in a U.S. port or within 6 hours of when the ship arrived at or departed from a U.S. port are furnished inside the U.S.

There are three situations when Medicare may pay for certain types of health care services rendered in a foreign hospital (a hospital outside the U.S.):

1. You're in the U.S. when you have a medical emergency and the foreign hospital is closer than the nearest U.S. hospital that can treat your illness or injury.
2. You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat your illness or injury. Medicare determines what qualifies as "without unreasonable delay" on a case-by-case basis.
3. You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether it's an emergency.

In these situations, Medicare will pay for the Medicare-covered services you get in the foreign hospital and the physician and ambulance services furnished in connection with that foreign inpatient hospital stay.

Shipboard Services:

Medicare may pay for medically necessary services furnished on a ship in a U.S. port or within 6 hours of when the ship arrived at or departed from a U.S. port only if all of the following requirements are met:

- You have Part B benefits
- The physician is legally authorized to practice in the U.S.

If the ship is more than 6 hours away from a U.S. port, Medicare can pay for medically necessary services only if all of the following requirements are met:

1. You have a medical emergency within 6 hours of departing or arriving at a U.S. port that requires inpatient hospital services.
2. The nearest or most accessible hospital that can treat you is a foreign hospital rather than a U.S. hospital.
3. The services are to treat the emergency illness or injury.
4. You have Part B benefits.
5. The physician is legally authorized to practice where he or she furnished the services

For shipboard services please include a copy of the ship's itinerary.

HOW TO FILL OUT THIS MEDICARE FORM

Medicare may pay you directly when you complete this form and attach an itemized bill from your doctor or supplier. Mail your completed claim form to the Medicare contractor responsible for processing your claim. If you need additional assistance, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you believe you've been discriminated against. Visit **https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice**, or call 1-800-MEDICARE (1-800-633-4227) for more information.

FOLLOW THESE INSTRUCTIONS CAREFULLY:

A. Your Reason for submitting this Claim

Check the box that applies to this claim

B. Type of Patient's Request

Check only one box that applies to this claim

Section 1 – PATIENT INFORMATION

- Print your name as shown on your Medicare card (Last Name, First Name, Middle Name).
- Print your Medicare Number exactly as it is shown on the Medicare card.
- Print your date of birth (mm/dd/yyyy)
- Check the appropriate box for the patient's sex.
- Furnish your mailing address and include your telephone number

Section 2 – INFORMATION ABOUT SERVICES FURNISHED

- Describe the illness or injury for which you received treatment
- Patient's Condition related to: Check the appropriate boxes

NOTE: You must attach an itemized bill in order for Medicare to process this claim.

Attach all supporting documentation to the form including an itemized bill with the following information:

- Date of service
- Place of service
- Description of illness or injury
- Description of each surgical or medical service or supply furnished
- Charge for each service
- The doctor's or supplier's name and address
- The provider or supplier's National Provider Identifier (NPI) If known
- The ordering & referring Providers Full Legal Name and address if required as indicated in Section 2

- It is helpful if the diagnosis is shown on the physician's itemized bill. If not, be sure you have completed Section 2 of this form.
- Many times a bill will show the names of several doctors or suppliers. It is very important the provider who treated you be identified. Simply circle his/her name on the bill.
- Mark out any services on the itemized bill(s) you are attaching for which you have already filed a Medicare claim.
- Attach a copy of your primary insurer's Explanation of Benefits notice if you are requesting Medicare Secondary payment.
- Shipboard services please include a copy of the ship's itinerary.

Section 3 – INFORMATION ABOUT HEALTH INSURANCE OTHER THAN MEDICARE

- Complete this Section if you are age 65 or older and enrolled in a health insurance plan where you or your spouse are currently working and if you have any medical coverage other than Medicare.
- Check all boxes that apply
- Name of other Medical Insurance
- Policy Number including Medicaid ID Number
- Policyholder's Name
- Street Address of other Medical Insurance

Section 4 – SIGNATURE

Sign your name and date the form

If the Medicare beneficiary is not able to sign his/her name, follow the instructions on the form.

MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
Alabama	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
Alaska	Noridian Healthcare Solutions, LLC P.O. Box 6703 Fargo, ND 58108-6703
American Samoa	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
Arkansas	Novitas Solutions, Inc. P.O. Box 3098 Mechanicsburg, PA 17055-1816 (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address: Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
Arizona	Noridian Healthcare Solutions , LLC P.O. Box 6704 Fargo, ND 58108-6704
California Northern (For Part B)	Noridian Healthcare Solutions P.O. Box 6774 Fargo, ND 58108-6774
California Southern (For Part B)	Noridian Healthcare Solutions, LLC P.O. Box 6775 Fargo, ND 58108-6775
Colorado	Novitas Solutions P.O. Box 3107 Mechanicsburg, PA 17055-1823 (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address: Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
Connecticut	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
Delaware	Novitas Solutions P.O. Box 3397 Mechanicsburg, PA 17055-1842
District of Columbia	Novitas Solutions P.O. Box 3396 Mechanicsburg, PA 17055-1841

MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES)

If you received a service in:	Mail your claim form, itemized bill and supporting documents to:
Florida	First Coast Service Options, Inc. P.O. Box 2009 Mechanicsburg, PA 17055-0709
Georgia	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
Guam	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
Hawaii	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
Idaho	Noridian Healthcare Solutions, LLC P.O. Box 6701 Fargo, ND 58108-6701
Illinois	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475
Indiana	Wisconsin Physicians Service P.O. Box 8940 Madison, WI 53708-8940
Iowa	Wisconsin Physicians Service P.O. Box 8550 Madison, WI 53708-8550
Kansas	Wisconsin Physicians Service P.O. Box 7238 Madison, WI 53707-7238
Kentucky	CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202
Louisiana	Novitas Solutions, Inc. P.O. Box 3097 Mechanicsburg, PA 17055-1815 (Address to send Medicare 1490 claims via Priority mail or through a commercial courier (UPS, FedEx) for which a PO Box cannot be used, please use the following street address: Novitas Solutions, Inc. Attention: Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
Maine	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178