PART A RECONSIDERATION INPUT RECORD

RECORD IDENTIFIER

A

H.I. CLAIM NUMBER

ADMISSION/HHA DATE (MMDDYYYY)

SURNAME

GIVEN NAME

RECON. FILED (MMDDYYYY)

PROVIDER NUMBER

REQUESTED BY

BLANK - BENEFICIARY
1. ATTORNEY 3. PROVIDER
2. RELATIVE 4. OTHER

ORIG. AMT. APPEALED

RESIDENT INTER.

RESIDENT INTER. RECEIPT DATE- (MMDDYYYY)

RECON. INTER.

RECON. INTER. RECEIPT DATE - (MMDDYYYY)

AMT. AFTER RECON.

RECON. COMPLETED DATE - (MMDDYYYY)

RECON. DECISION

1. AFF. 3. P/R 5. DIS
2. REV. 4. WD

AMT. AFTER RECON. CODE

1. UNDER $100 4. NONE
2. $100 TO $1000 5. UNKNOWN
3. OVER $1000

GOOD CAUSE

1. YES

TRANSFER/ACTION

WAIVER OF LIABILITY

1. YES

ISSUE

CONGRESSIONAL INTEREST

1. YES

Form CMS-352 (6-86)