

REQUEST FOR REVIEW OF PART B MEDICARE CLAIM
Medical Insurance Benefits – Social Security Act

NOTICE – Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law.

1. Carrier's Name and Address	2. Name of Patient
	3. Health Insurance Claim Number

4. I do not agree with the determination you made on my claim as described on my Explanation of Medicare Benefits dated:

5. MY REASONS ARE: (Attach a copy of the Explanation of Medicare Benefits, or describe the service, date of service, and physician's name. NOTE: If the date on the Explanation of Medicare Benefits mentioned in Item 4 is more than 120 days ago, include your reason for not making this request earlier.)

6. Describe illness or injury:

7. I have additional evidence to submit. (Attach such evidence to this form.)
 I do not have additional evidence.

COMPLETE ALL OF THE INFORMATION REQUESTED. SIGN AND RETURN THE FIRST COPY AND ANY ATTACHMENTS TO THE CARRIER NAMED ABOVE. IF YOU NEED HELP, TAKE THIS AND YOUR NOTICE FROM THE CARRIER TO A SOCIAL SECURITY OFFICE, OR TO THE CARRIER. KEEP THE DUPLICATE COPY OF THIS FORM FOR YOUR RECORDS.

8. SIGNATURE OF ***EITHER*** THE CLAIMANT ***OR*** HIS REPRESENTATIVE

Claimant	Representative		
Address	Address		
City, State and ZIP Code	City, State and ZIP Code		
Telephone Number	Date	Telephone Number	Date

PRIVACY ACT ADVISORY STATEMENT

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. Social Security's 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, carriers, intermediaries, medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information about the Medicare benefits you have used to a hospital or doctor.

Additional disclosures are made through routine uses for information contained in systems of records. Disclosures of this information via routine uses may be made to: a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual; the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when HHS is a party to litigation or has an interest in such

litigation; or a contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system for developing, modifying and/or manipulating ADP Software. See the notice for system No. 09-70-0512, titled "Review and Fair Hearing Case Files," as last published in the *Federal Register*, Privacy Act Issuances 1989 Comp., Vol. 1, page 413.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

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 claim 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.

Carrier's Copy

Claimant's Copy