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## PATIENT'S REQUEST FOR MEDICAL PAYMENT

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**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.**

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**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

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**PLEASE TYPE OR PRINT INFORMATION**

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### SECTION 1 - PATIENT INFORMATION

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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 ( <i>mm/dd/yyyy</i> )	Male	Female
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Street address (or P.O. Box - include apartment number)

City	State	Zip code
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Telephone number

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## SECTION 2 - INFORMATION ABOUT SERVICES FURNISHED

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

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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\_\_\_\_\_

**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.

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**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

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## SECTION 3 - INFORMATION ABOUT HEALTH INSURANCE OTHER THAN MEDICARE

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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)?

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Name of other Medical Insurance

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Policy Number including Medicaid ID Number

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

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

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City	State	Zip code

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

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## SECTION 4 - SIGNATURE

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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)

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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:

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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.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to be XX hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850. **DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.**

## 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](http://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 items and services furnished outside the United States 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.

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 only for the Medicare-covered services you get in a foreign hospital.

#### **Shipboard Services:**

Medicare may pay for medically necessary shipboard services if the services rendered on board a ship in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished in United States territorial waters. Services not furnished in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished outside United States territorial waters, even if the ship is of United States registry. If you had medical services aboard a ship and the doctor's office is not in the U.S., then you will need to submit a claim to Medicare. If you had medical services aboard a ship and the doctor's office is located in the U.S., the doctor will submit the claim to Medicare. The term "United States" means the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, American Samoa and, for purposes of services rendered on a ship, includes the territorial waters adjoining the land areas of the United States.

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.

### 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 Provider's Legal Name 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), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:**

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>Alabama</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Alaska</b>	Noridian Healthcare Solutions, LLC P.O. Box 6703 Fargo, ND 58108-6703
<b>American Samoa</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Arkansas</b>	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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Arizona</b>	Noridian Healthcare Solutions, LLC P.O. Box 6704 Fargo, ND 58108-6704
<b>California Northern (For Part B)</b>	Noridian Healthcare Solutions P.O. Box 6774 Fargo, ND 58108-6774
<b>California Southern (For Part B)</b>	Noridian Healthcare Solutions, LLC P.O. Box 6775 Fargo, ND 58108-6775
<b>Colorado</b>	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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Connecticut</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Delaware</b>	Novitas Solutions P.O. Box 3397 Mechanicsburg, PA 17055-1842
<b>Florida</b>	First Coast Service Options, Inc. P.O. Box 2525 Jacksonville, FL 32231-0019

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>Georgia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Guam</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Hawaii</b>	Noridian Healthcare Solutions, LLC P.O. Box 6777 Fargo, ND 58108-6777
<b>Idaho</b>	Noridian Healthcare Solutions, LLC P.O. Box 6701 Fargo, ND 58108-6701
<b>Illinois</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475
<b>Indiana</b>	Wisconsin Physicians Service P.O. Box 8940 Madison, WI 53708-8940
<b>Iowa</b>	Wisconsin Physicians Service P.O. Box 8550 Madison, WI 53708-8550
<b>Kansas</b>	Wisconsin Physicians Service P.O. Box 7238 Madison, WI 53707-7238
<b>Kentucky</b>	CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202
<b>Louisiana</b>	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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Maine</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Maryland</b>	Novitas Solutions, Inc. P.O. Box 3398 Mechanicsburg, PA 17055-1843  (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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050



## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:

<b>If you live in:</b>	<b>Mail your claim form, itemized bill and supporting documents to:</b>
<b>Massachusetts</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Michigan</b>	Wisconsin Physicians Service P.O. Box 8987 Madison, WI 53708-8987
<b>Minnesota</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-6475
<b>Mississippi</b>	Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834  (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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Missouri</b>	Wisconsin Physicians Service P.O. Box 14260 Madison, WI 53708-0260
<b>Montana</b>	Noridian Healthcare Solutions, LLC P.O. Box 6735 Fargo, ND 58108-6735
<b>Nebraska</b>	Wisconsin Physicians Service P.O. Box 8667 Madison, WI 53708-8667
<b>Nevada</b>	Noridian Healthcare Solutions, LLC P.O. Box 6776 Fargo, ND 58108-6776
<b>New Hampshire</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>New Jersey</b>	Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834  (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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

**FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:**

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>New Mexico</b>	<p>Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834</p> <p>(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:</p> <p>Novitas Solutions, Inc. Attention: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>New York</b>	<p>National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178</p>
<b>North Carolina</b>	<p>Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190</p>
<b>North Dakota</b>	<p>Noridian Healthcare Solutions, LLC P.O. Box 6706 Fargo, ND 58108-6706</p>
<b>Northern Mariana Islands</b>	<p>Noridian Healthcare Solutions P.O. Box 6777 Fargo, ND 58108-6777</p>
<b>Ohio</b>	<p>CGS Administrators, LLC P.O. Box 20019 Nashville, TN 37202</p>
<b>Oklahoma</b>	<p>Novitas Solution P.O. Box 3129 Mechanicsburg, PA 17055-1834</p> <p>(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:</p> <p>Novitas Solutions, Inc. Attention: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>
<b>Oregon</b>	<p>Noridian Healthcare Solutions P.O. Box 6702 Fargo, ND 58108-6702</p>
<b>Pennsylvania</b>	<p>Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834</p> <p>(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:</p> <p>Novitas Solutions, Inc. Attention: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050</p>

## MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE

### FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:

If you live in:	Mail your claim form, itemized bill and supporting documents to:
<b>Puerto Rico</b>	First Coast Service Options, Inc. P. O. Box 45036 Jacksonville, Florida 32232-5036
<b>Rhode Island</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-617
<b>South Carolina</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190
<b>South Dakota</b>	Noridian Healthcare Solutions, LLC P.O. Box 6707 Fargo, ND 58108-6707
<b>Tennessee</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100306 Columbia, SC 29202-3306
<b>Texas</b>	Novitas Solutions P.O. Box 3129 Mechanicsburg, PA 17055-1834  (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: JL Claims Department 2020 Technology Parkway, Suite 100 Mechanicsburg, PA 17050
<b>Utah</b>	Noridian Healthcare Solutions P.O. Box 6725 Fargo, ND 58108-6725
<b>Vermont</b>	National Government Services, Inc. P.O. Box 6178 Indianapolis, IN 46206-6178
<b>Virginia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190
<b>Virgin Islands</b>	First Coast Service Options, Inc. P. O. Box 45098 Jacksonville, Florida 32232-5098
<b>Washington</b>	Noridian Healthcare Solutions P.O. Box 6700 Fargo, ND 58108-6700
<b>West Virginia</b>	Palmetto GBA, LLC Mail Code: AG-600 P.O. Box 100190 Columbia, SC 29202-3190

**MEDICARE ADMINISTRATIVE CONTRACTOR ADDRESS TABLE**

**FOR INFLUENZA/PNEUMOCOCCAL VACCINATION, PART B (INCLUDES PHYSICIAN, LABORATORY, IMAGING SERVICES), FOREIGN TRAVEL (INCLUDING CANADA AND MEXICO) AND SHIPBOARD SERVICES:**

<b>If you live in:</b>	<b>Mail your claim form, itemized bill and supporting documents to:</b>
<b>Wisconsin</b>	National Government Services, Inc. P.O. Box 6475 Indianapolis, IN 46206-647
<b>Wyoming</b>	Noridian Healthcare Solutions P.O. Box 6708 Fargo, ND 58108-6708

**FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) ONLY**

<b>If you live in:</b>	<b>Return your form and supporting documentation to:</b>
<b>Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont</b>	Noridian JA DME P.O. Box 6727 Fargo, ND 58108-6727
<b>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin Indianapolis, IN 46207-7027</b>	CGS Administrators, LLC P.O. Box 20010 Nashville, TN 37202-001
<b>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia, West Virginia</b>	CGS Administrators, LLC P.O. Box 20010 Nashville, TN 37202-001
<b>Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, Wyoming</b>	Noridian JD DME P.O. Box 6727 Fargo, ND 58108-6727

DO NOT SEND THIS PAGE WITH YOUR CLAIM