

Complete entire form and submit when sending medical documentation to Noridian. This will ensure the documentation is appropriately sorted and handled.

- I am sending this documentation to Noridian, as requested by:
  - Redeterminations Documentation Request
  - Additional Documentation Request (ADR): Letter Code: \_\_\_\_\_
  - Comprehensive Error Rate Testing (CERT)
  - Other: **If other, provide documentation requestor name.** \_\_\_\_\_
- The attached documentation was not requested by Noridian.  
**Provide explanation why documentation is being sent.**  
\_\_\_\_\_

**State services were provided:**  AK  AZ  ID  MT  ND  OR  SD  UT  WA  WY

**Beneficiary Information**

Beneficiary First Name: \_\_\_\_\_  
Beneficiary Last Name: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_  
Date(s) of Service(s): \_\_\_\_\_  
Document Control Number (DCN): \_\_\_\_\_

**Provider Information**

Facility/Group Name: \_\_\_\_\_  
Provider Transaction Access Number (PTAN): \_\_\_\_\_  
National Provider Identifier (NPI): \_\_\_\_\_  
Taxpayer Identification Number (TIN): \_\_\_\_\_

**Fax documents to 701-277-7852**

Noridian JF Part A  
Attn: \_\_\_\_\_ (if applicable)  
PO Box  
Fargo, ND 58108 -

**State and PO Box Numbers**

|         |         |
|---------|---------|
| AK 6720 | OR 6726 |
| AZ 6730 | SD 6733 |
| ID 6726 | UT 6724 |
| MT 6732 | WA 6720 |
| ND 6709 | WY 6734 |