

General Inquiry/Request Form

Use this form to submit general inquiries and requests to WPS GHA. **DO NOT** use this form to request redeterminations or reopenings, to notify us of overpayments or Medicare Secondary Payer (MSP) issues, or to submit additional documentation for pre- or post-payment reviews. (Failure to submit the appropriate form may cause significant delays in processing your request.)

Type of Services: Medicare Part A (Facility Charges)

State: Indiana Michigan

Provider Information (REQUIRED**)**

Provider's Name: _____

NPI: _____ PTAN: _____ Last 5 Digits of Tax ID: _____

Contact Name: _____ Contact Phone: _____

Patient Information

Patient's Name: _____

Medicare ID: _____ Date of Birth: _____

Claim Information

Date(s) of Service: _____

Medicare's Internal Claim Number(s) (ICN): _____

Inquiry/Request

Type: Duplicate Remit Benefit Exhaust Letter Other

Details:

Send inquiries and requests to WPS GHA, ATTN: General Correspondence using the correct PO Box for your state:

Indiana: PO Box 8602, Madison, WI 53708

Michigan: PO Box 8604, Madison, WI 53708