

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

**Your Right to Appeal this Decision:** If you do not agree with this decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The next level of appeal is called reconsideration. A reconsideration is a new and impartial review performed by a qualified independent contractor (QIC), separate and independent of Wisconsin Physicians Service.

**How to Appeal:** To exercise your right to an appeal, you must file a request in writing. Your request must be received by the QIC at the address below within 180 days of receiving this decision. You are presumed to have received this decision five days after the date of the letter unless there is evidence to show otherwise. If you are unable to file your appeal request timely, please explain why you could not meet the filing deadline. You may request an appeal by using the form enclosed with this letter.

If you do not use this form, you can write a letter. You must include: your name, the name of the beneficiary, the Medicare number, a list of the service(s) or item(s) that you are appealing and the date(s) of service, and any evidence you wish to attach. You must also indicate that Wisconsin Physicians Service made the redetermination. You may also attach supporting materials, such as those listed in item 10 of the enclosed Reconsideration Request Form, or other information that explains why this service should be paid. Your doctor may be able to provide supporting materials.

If you want to file an appeal, send your request to:

**Part B J5 and J8:**

C2C Innovative Solutions, Inc.  
QIC Part B North  
P O Box 45208  
Jacksonville, FL 32232-5208

**Part A J5 MAC and J5 National – West Jurisdiction**

(Washington, Idaho, Montana, North Dakota, South Dakota, Iowa, Missouri, Kansas, Nebraska, Wyoming, Utah, Arizona, Nevada, California, Alaska, Hawaii, Oregon, Kentucky, Ohio, Indiana, Illinois, Minnesota, Michigan, Wisconsin, Guam, Northern Mariana Islands, and American Samoa)

Maximus Federal Services  
Medicare Part A West  
3750 Monroe Ave, Ste 706  
Pittsford, NY 14534-1302

**Part A J5 National – East Jurisdiction**

(Colorado, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, Tennessee, South Carolina, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands, Main, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New Jersey, New York, Delaware, Maryland, Pennsylvania, and Washington DC)

C2C Innovative Solutions  
PO Box 45305  
Jacksonville, FL 32232-5305

**Part A J8**

Maximus Federal Services  
Medicare Part A West  
3750 Monroe Ave, Ste 706  
Pittsford, NY 14534-1302

**Who May File an Appeal:** You or someone you name to act for you (your appointed representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you.

If you want someone to act for you, you may visit <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf> to download the "Appointment of Representative" form, which may be used to appoint a representative. Medicare does not require that you use this form to appoint a representative. Alternately, you may submit a written statement containing the same information indicated on the form. If you are a Medicare beneficiary, you may also call 1-800-MEDICARE (1-800-633-4227) to learn more about how to name a representative.

**Other Important Information:** If you want copies of statutes, regulations, policies, and/or manual instructions CMS used to arrive at this decision, or if you have any questions specifically related to your appeal, please write to us at the following address and attach a copy of this letter:

## Iowa

WPS GHA Part B  
General Correspondence  
P.O. Box 8550  
Madison, WI 53708-8550

## Kansas

WPS GHA Part B  
General Correspondence  
P.O. Box 7238  
Madison, WI 53707-7238

## Missouri

WPS GHA Part B  
General Correspondence  
P.O. Box 14260  
Madison, WI 53707-0260

## Nebraska

WPS GHA Part B  
General Correspondence  
P.O. Box 8667  
Madison, WI 53708-8667

## Indiana

WPS GHA Part B  
General Correspondence  
P.O. Box 8580  
Madison, WI 53708-8580

Michigan

WPS GHA Part B  
General Correspondence  
P.O. Box 8939  
Madison, WI 53708-8939

**Resources for Medicare Beneficiaries:** If you want help with an appeal, or if you have questions about Medicare, you can have a friend or someone else help you with your appeal. You can also contact your State health insurance assistance program (SHIP). You can find the phone number for your SHIP in your “Medicare & You” handbook, under the “Helpful Contacts” section of [www.medicare.gov](http://www.medicare.gov) website, or by calling 1-800-MEDICARE (1-800-633-4227). Your SHIP can answer questions about payment denials and appeals.

For general questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227), TTY/TDD: 1-877-486-2048.

Remember that specific questions about your appeal should be directed to the contractor that is processing your appeal.