

# WPS GHA Part B Redetermination Request Form

All fields are REQUIRED

State service was performed in:                    IN                    MI

**Provider Information (requests with incomplete information will be dismissed)**

PTAN: \_\_\_\_\_ NPI: \_\_\_\_\_ Last 5 Digits of Tax ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**Beneficiary Information**

Patient/Beneficiary Name: \_\_\_\_\_

Medicare ID: \_\_\_\_\_

**Claim Information**

Date of Initial Determination Notice: \_\_\_\_\_

Reason Request Submission is Late (120 Days After Initial Determination):

Internal Control Number (ICN)	Date of Service	CPT/HCPCS	Billed Amount

**Reason for Request**

I do not agree with the determination of my claim. My reasons are:

I have additional information to submit:                      No                      Yes (attach documentation with this form)

**Requester Information**

Name of Claimant or Representative: \_\_\_\_\_

Phone Number & Extension: \_\_\_\_\_

Signature of Person Appealing: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Completed Form to the state specific number below. You must include state-specific "Appeals/Clerical Error Reopening Fax Cover Sheet" with your fax.

Indiana Appeals/Clerical Error Reopening Fax Cover Sheet:

<https://www.wpsgha.com/wps/portal/mac/site/claims/forms/clerical-error-reopening-fax-in>

Michigan Appeals/Clerical Error Reopening Fax Cover Sheet:

<https://www.wpsgha.com/wps/portal/mac/site/claims/forms/clerical-error-reopening-fax-mi>

Fax Numbers:

Indiana:           (608) 224-3504

Michigan:       (608) 224-3502

Or Mail to:

Indiana: WPS GHA, ATTN: Redeterminations, PO Box 8580, Madison, WI 53708-8580

Michigan: WPS GHA, ATTN: Redeterminations, PO Box 8939, Madison, WI 53708-8939