

Aetna Reconsideration Form For Providers

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Medicare Appeals

2. Fill out a “Medicare Redetermination Request” form (CMS . Form number 20027). To get a copy, visit [CMS.gov/cmsforms/ downloads/cms20027.pdf](https://www.cms.gov/cmsforms/downloads/cms20027.pdf), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Send a copy of the completed form to the MAC listed on your MSN. 3. Submit a written request to the MAC. The company’s ...

Provider Request for Reconsideration and Claim Dispute Form

and 24 months for non-participating providers from the date on the original EOP or denial. • Any photocopied, black & white, or handwritten claim forms, regardless of the submission type (first time, corrected ... Provider Request for Reconsideration and Claim Dispute Form Author: Coordinated Care Subject: Reconsideration and Claim Dispute Form