Appellant Name	
NPI	
PTAN	
Point of Contact Email	
Submission Date	
Provider State	
MAC Name/Jurisdication	

Columns L-AE will be populated by the MAC at effectuation

Active Appeal Number	Currently Pending at Level of Appeal (ALJ or Council)	Associated ALJ Appeal Number (If applicable)	QIC Appeal Number	DCN Claim Number	Corrected DCN Claim Number (If applicable)	Procedure/Service/Item Code	DRG	Date of Service	Medicare Part A or B	MAC/Jurisdiction	MAC Comments (If applicable)	CMS Medicare Review Contractor who issued intial denial	Original Claim Billed Amount	Original Claim Paid Amount (Prod/Pay) or Payable Amount (Prepay--e.g. Pricer Amount)	Collected Amount	CMS Net Settlement Amount	AR -Principal	AR - Interest	Principal Collected (Offset)	Interest Collected (Offset)	Principal Collected (Receipt)	Interest Collected (Receipt)	Total Principal Collected	Total Interest Collected	Principal Adjustment	Interest Adjustment	Pre-Pay Denial Payments Due Provider (Remit PLB CS)	Post Pay Denial Amounts Due Medicare (Overpayment)	Post Pay Denial Refunds Due Provider (Remit PLB T2)	Net Payment/Overpayment Amount (Positive= Payment/Negative=Overpayment)