

Eligibility Determination Request

CLAIMS INCLUDED ON SPREADSHEET - IF YOU DISAGREE

Use Tab 1 to list claims included on the spreadsheet, that you believe are not eligible for settlement.

POTENTIALLY ELIGIBLE CLAIMS NOT INCLUDED ON SPREADSHEET

Use Tab 2 to provide any claims missing from the spreadsheet that you believe are eligible for settlement. Please include any supporting documentation that may help CMS identify the associated claims and appeals. **DO NOT INCLUDE ANY PHI INFORMATION**

PART 1: CLAIMS INCLUDED ON SPREADSHEET-DISAGREE (claims provider believes should be potentially deleted from settlement)

Provider Name	
Provider Number (6 Digit)	
NPI(s)	
Provider POC Name	
POC Telephone Number	
POC Email	

Please populate claim number as it appears on eligible claims spreadsheet provided by CMS.

ALJ Appeal Number	DAB Docket Number (if applicable)	DCN Claim Number	Disagreement Reason
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