**MAPD Help Desk Information Request Form**

***(Upon completion of this form an Incident number will be issued)***

**General Information**

(*Please enter only one request per form)*

**Date:** Click here to enter a date.

**Corporate ID (RACF- 4 char) or (GUID- 7 char):** Click here to enter text.

**Name (First, Last):** Click here to enter text.

**Phone Number:** Click here to enter text.

**Plan Number associated with the issue:** Click here to enter text.

**Previous Ticket Number *(if applicable*):** Click here to enter text.

**Brief Description of Issue:** Click here to enter text.

**The below information is required if the issue pertains to specific beneficiaries. In addition, please complete the HICN\_MBI Spreadsheet to provide the name(s) HICN(s) and MBI(s) for the affected beneficiaries.**

**Please ensure the spreadsheet is sent in a secured email or in a password protected attachment. The password for the attachment must be sent in a separate email from the original.**

1. **Related Issue (Place an “X” to all that apply):**

Enrollment Plan Payment Other

Disenrollment Premium(s)

Entitlement ESRD

Date of Death (DOD) Medicare Secondary Payer (MSP)

1. **Related Reports (Place an “X” to all that apply):**

Daily Transaction Reply Report (DTRR) Monthly Premium Withhold Report (MPWRD)

Monthly Membership Report (MMR) Other (Report or Memo) Click here to enter text.

Plan Payment Report (PPR) Date of Report/Memo Click here to enter a date.

1. **Please provide the following information if applicable:**

Submitter ID: Click here to enter text.

Election Type: Click here to enter text.

Effective Date: Click here to enter text.

Transaction Type Code, i.e., 61, 72, 73, 74, etc. Click here to enter text.

1. **Please select preferred contacted method:**

Phone Email