

Primary Appellant Name:	
NPI:	
PTAN:	
Point of Contact Email:	
Point of Contact Phone Number:	

NPI Number	PTAN or CCN	Primary Appellant Name	Appeal Category	MAC Appeal Number	QIC Appeal Number	ALJ Appeal Number	DAB Docket Number	# of Line Items Denied	DCN Claim Number
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Billed Amount	DRG DOS	HIPPS/HCPCS / CPT / Hospice/ Home Health Codes / RUG - DOS	HIPPS DOS	Date of Service From	Date of Service To	Extrapolation Indicator	MAC Name	MAC Contract #
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MAC Comment