



## Request for Assistance (RFA) Documentation Support Form

FAX with admission/discharge records of both overlapping facilities to: 1-877-439-5479

**\*All fields are required to be completed on this form.**

Company/Facility Name:	
Address:	
Facility Provider Transaction Access Number (PTAN):	Facility National Provider Identifier (NPI):
Facility Last 5 digits Tax Identification Number (TIN):	Medicare Beneficiary ID Number:
Medicare Beneficiary First and Last Name:	Common Working File (CWF) Reject Reason Code:
Claim Document Control Number (DCN):	Claim Dates of Service From: Thru:

Comments:

Submitter's Name:	
Submitter's Telephone Number:	Date Submitted: