



JL Hardcopy Request

Note: CMS provides direction for Contractors on the acceptance of hard copy claims. Listed below are the exceptions Novitas Solutions can accept a hard copy claim submission. All other claims must be submitted via DDE or electronically.

Mail to:

Novitas Solutions
Part A Claims
PO Box (number)
Mechanicsburg, PA
17055-(number)

| State | PA/NJ/MD/DC | DE |
|----------|-------------|------|
| PO Box # | 3385 | 3417 |
| Zip+4 # | 1840 | 1853 |

Select a State/Jurisdiction

| Select one option below | Please select box below to correspond with the hardcopy request (Required). |
|-------------------------|--|
| | Administrative Simplification Compliance Act (ASCA) Note: ASCA prohibits payment of paper submitted claims except in limited situations such as small providers, etc. |
| | 935 Adjustments or Cancels |
| | Tertiary Claims |
| | Medicare Secondary Payer (MSP) claim cancels |
| | Tribal Self-Funded Adjustments |
| | Military Treatment Facility (MTF)- U.S. Department of Defense (DoD)-operated hospital-Emergency Services Claim Submission |
| | Disaster Related: National Facility *Detailed Description is required |

Please accept this as a request for an adjustment or cancel of the claim attached on a revised UB-04 CMS 1450 claim form. The revisions/corrections are supported in the medical records which is available upon request.

| | |
|--|---|
| Requestor's Name (Required): | Requestor's Telephone Number (Required): |
| Requestor's Signature (Required): | Date Signed (Required): |