

Remittance Advice Request Form
Part A and Home Health/Hospice Providers

Provider Name: _____

Provider Number: _____

Provider Tax Identification Number (last 5 digits): _____

National Provider Identifier (NPI): _____

Part A Contractor Number (please select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> 00131 = Illinois | <input type="checkbox"/> 00130 = Indiana | <input type="checkbox"/> 00160 = Kentucky |
| <input type="checkbox"/> 00452 = Michigan | <input type="checkbox"/> 00332 = Ohio | <input type="checkbox"/> 00453 = Virginia/
West Virginia |
| <input type="checkbox"/> 00450 = Wisconsin | | |

Home Health or Hospice Contractor Number (please select one):

- | | | |
|--|--|--|
| <input type="checkbox"/> 00456 = Alaska | <input type="checkbox"/> 00456 = America Samoa | <input type="checkbox"/> 00456 = Arizona |
| <input type="checkbox"/> 00456 = California | <input type="checkbox"/> 00456 = Guam | <input type="checkbox"/> 00456 = Hawaii |
| <input type="checkbox"/> 00456 = Idaho | <input type="checkbox"/> 00450 = Michigan | <input type="checkbox"/> 00450 = Minnesota |
| <input type="checkbox"/> 00456 = Nevada | <input type="checkbox"/> 00450 = New Jersey | <input type="checkbox"/> 00450 = New York |
| <input type="checkbox"/> 00456 = Northern Mariana
Islands | <input type="checkbox"/> 00456 = Oregon | <input type="checkbox"/> 00450 = Puerto Rico |
| <input type="checkbox"/> 00450 = Virgin Islands | <input type="checkbox"/> 00456 = Washington | <input type="checkbox"/> 00450 = Wisconsin |

Contact Person: _____

Telephone Number: _____

Remittance Paid Date: _____

Total Dollar Amount: _____

Remittance Number: _____

Please complete this form and enclose a check or money order made payable to National Government Services, Inc. for \$25 for **each remittance advice requested**. Send completed form and payment to:

National Government Services, Inc.
Attn: Customer Care
P.O. Box 7191
Indianapolis, Indiana 46207-7191