MSPRC

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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NO-FAULT CASE CLOSURE DETAIL DOCUMENT

Beneficiary Name: _____
Medicare Number: _____
Date of Incident: ___/_____/_____

Amount of Policy Limit: $ _____

Were Policy Limits Exhausted? Yes No
(Please Circle One)

******Date Beneficiary Stopped Treating _____/_____/_____
(If Benefits not Exhausted)

Date Case Closed: _____/_____/_____

Exhaust Information Provided By: _____

Please provide a payment ledger/log detailing what bills were paid for the date of incident above for further consideration. A payment ledger/log should include:

- who was paid
- the date paid
- the amount paid

This completed form, with payment ledger/log attached, should be sent to the address below.
**** If the beneficiary has stopped treating and benefits are not exhausted, please ensure a doctors statement is included stating that the beneficiary is no longer treating for the accident.**
If you have any questions concerning this matter, please call the Medicare Secondary Payer Recovery Contractor (MSPRC) at 1-866-677-7220 (TTY/TDD: 1-866-677-7294 for the hearing and speech impaired) or you may contact us in writing at the address below. If you contact us in writing, please be sure to include the beneficiary's name and Medicare health insurance claim number.

Medicare Secondary Payer Recovery Contractor
MSPRC-NGHP
Post Office Box 138832
Oklahoma City, OK 73113