



Request to Open Rebuttal Period

For instructions about completing and submitting this form, please refer to the next page

PROVIDER/SUPPLIER NAME: _____

NPI: _____

FEDERAL TAX-ID: _____

Letter ID#: _____

If disputing all claims on this letter id check here

Type of Audit: Automated - Date of RAC Demand Letter: _____

Complex – Date of RAC Review Results Letter: _____

Additional Documentation Attached: Yes No

I do not agree with the RAC’s decision for the following reason(s):

If disputing specific claims, list them. Please submit additional page(s), if necessary

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____

E-mail: _____

Instructions

You may submit this form and accompanying documentation by mail or fax. If submitting by mail, please use a trackable method with delivery confirmation. Mail to:

**Discovery Health Partners
Attn: MSDOM Recovery Audit
32 West 200 South #503
Salt Lake City, UT 84101**

If submitting by fax, please use a fax cover form indicating the number of pages and fax to 888-904-8842. Please verify successful transmission by printing a confirmation/failure report.

For automated audits, please submit one form per Issue and attach a copy of the Demand Letter and a copy of the Overpayment Report page. If you are wishing to discuss specific claims, please circle those claims.

For complex audits, please submit one form for each decision and attach a copy of the RAC Review Results Letter for the case file in question.

If you have any questions, please call Customer Service at 866-880-0608 or submit an email to MSDOMRecoveryAudit@discoveryhealthpartners.com.



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