

Duplicate Remittance Advice Request Form

Cahaba Government Benefit Administrators[®], LLC



Instructions: Use this form to order a duplicate copy of a Medicare remittance advice (RA) (electronic or paper). A duplicate RA will be provided for **\$5.00** per copy. Orders received without payment will not be processed. Requests will be completed within 45 business days of receipt and mailed to the remittance advice address on Cahaba's provider file. Return this form and your check payable to "Cahaba GBA" to:

Cahaba GBA
 Medicare Part A Correspondence
 P.O. Box 830139
 Birmingham, AL 35283-0139

Note: The electronic remittance advice (ERA) file is available to download for 45 days. If necessary, you may request the ERA to be made available in your mailbox for another 45 days. If the date of the ERA is within 90 days of your request, please contact the Electronic Data Interchange (EDI) Services department at (866) 839-2441 for assistance.

Please send me copies of the following Remittance:

	Provider Transaction Access Number (PTAN)	National Provider Identifier (NPI)	Remittance Date	Remittance Number	Remittance Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

