

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 GBA's provider file. Return this form to the appropriate address along with your check payable to "Cahaba GBA":

Please place a checkmark by the state you are requesting the Duplicate Remittance Advice(s) for:

Alabama Part B

Written Inquiries
P O Box 830140
Birmingham, AL 35283-0140

Georgia Part B

Written Inquiries
P O Box 12967
Birmingham, AL 35202

Tennessee Part B

Written Inquiries
P O Box 12724
Birmingham, AL 35202-6724

Mississippi Part B

Written Inquiries
P O Box 548
Birmingham, AL 35201

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) 582-3253 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.					

