

Telephone Discussion Demonstration Contact Form

Please complete this form with your contact information for the Telephone Discussion. **Return this form by mail/ fax within 14 calendar days of the date noted in the attached letter.**

C2C Innovative Solutions, Inc.

Part A East Telephone Discussion Demonstration

P.O. Box 45310

Jacksonville, FL 32232-5310

Fax: (904)224-2732

The recorded Telephone Discussion for the claim(s) under this appeal will be held on:

Medicare appeal number:	
Supplier/provider/appellant name:	
Contact Person For Discussion:	
Phone Number:	
Fax Number:	
Email Address:	

Signature of Representative

Date