

## IRE/Part C QIC: PLAN REOPENING REQUEST FORM

Please return this form to us via mail:  
C2C Innovative Solutions, Inc. - QIC Part C  
Attn: QIC Part C - Reopening  
P.O. Box 1949  
Jacksonville, FL 32231-0053

Enrollee Name: \_\_\_\_\_

C2C Reconsideration Case Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Medicare Health Plan Name: \_\_\_\_\_

Medicare Health Plan Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mail Stop: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

### Basis of Reopening Request:

Error on the face of the evidence

New and material evidence

Fraud

### Explain briefly: