

**PLAN SUBMISSION OF ADDITIONAL INFORMATION AUTHORIZING COVERAGE OR PAYMENT FOR AN ITEM, SERVICE, OR PART B DRUG SUBSEQUENT TO THE PLAN SUBMISSION OF THE CASE AND CASE FILE TO THEIR FOR PROCESSING OF THE IRE RECONSIDERATION**

This form is to be used by the Medicare Health Plan to provide the IRE with additional information for consideration when the Plan has authorized or made payment for the item, service, or Part B drug in dispute **after** the case file has already been submitted to C2C for processing. Plans should complete the information below and submit it to C2C as soon as the approval decision has been made to help prevent the issuance of a substantive appeal decision by C2C. Please attach any documentation supporting the Plan’s approval.

Examples include authorization notices, screen prints reflecting approval issuance, or documentation showing that the claim was paid (e.g., EFT confirmation, check number).

**Upon validation of the information provided, if C2C has not already adjudicated the case, C2C will issue a favorable decision to the party indicating that the item, service, or Part B drug was authorized or paid for on the specified date and that no issues remain in dispute.**

**Please Complete this Form Online in our Secure Portal or**  
**Fax the Completed Form to C2C at:**  
**Expedited Appeals: 904-539-4075**  
**Standard Part B Drug Appeal: 904-539-4076**  
**All Other Appeal Types: 904-539-4078**

Enrollee First & Last Name: \_\_\_\_\_

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

QIC Portal Confirmation Number (if applicable): \_\_\_\_\_

Dates(s) of Service or Item/Service at Appeal: \_\_\_\_\_

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

Medicare Health Plan Contract Number: \_\_\_\_\_

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

Contact Email Address: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

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

Date of Authorization or Payment for Item, Service or Part B Drug: \_\_\_\_\_

Explain briefly the Plan actions taken. Clearly identify the specific item, service, or Part B drug the Plan has authorized or paid for and attach documentation supporting the authorization or payment for the date(s) of service at issue.