

Completing a Reconsideration Request

A practical guide for Medicare appellants, providers, suppliers, and representatives

Purpose: Use this guide when preparing a request for reconsideration. A complete request helps identify the beneficiary, the item or service being appealed, and the person or entity submitting the appeal.

Download the request form

Use the official [CMS Form 20033, Medicare Reconsideration Request](#) with this guide to complete the form accurately.

Information to include

- Name of the Medicare beneficiary
- Beneficiary's Medicare number
- Item or service being appealed and the applicable date or dates of service
- Name and signature of the person appealing
- Name of the Medicare Administrative Contractor (MAC) that made the redetermination

Tips for completing the request

Identify the person appealing

Complete the form from the perspective of the requester. “Person appealing” and “appellant” mean the same thing in this context.

- **Beneficiary:** Select when the Medicare beneficiary is submitting the appeal.
- **Provider or supplier:** Select when the provider or supplier is submitting its own appeal.
- **Representative:** Select when a separate person or entity is submitting the appeal for the beneficiary, provider, or supplier, such as a billing agency.

Important: If you select Representative, include documentation showing that the person or entity is authorized to act for the beneficiary, provider, or supplier.

Documentation that may show representation

- Power of attorney for a beneficiary
- Appointment of Representative (AOR) form
- Documentation of billing agency representation

If using PECOS information, verify it is current so the relationship is accurately shown.

Where correspondence should be sent

Complete the contact section

Enter the exact contact information where all correspondence should be directed.

Example: Billing Agency, c/o Provider or Supplier, 123 Main Street, Suite 100, Anytown, AA 12345

Required fields

- Name, address, and telephone number of the person appealing
- Signature of the person appealing
- Date signed

Don't forget

- Include the company name when the appeal is not being submitted by a beneficiary.
- Include a suite, unit, or department when mail must be directed internally.
- Use “care of” or “on behalf of” the provider or supplier when that will help keep related correspondence together.
- Include the provider or supplier name somewhere in the appeal request. This helps distinguish the actual provider or supplier from the person or entity sending the request.

Note: Some form versions include a separate line for the provider or supplier.

Final review

- All required identifying information is present.
- The correct appealing role is selected.
- Representation documentation is included when applicable.
- The mailing address is complete and accurate.
- The request is signed and dated.

Questions?

Program	Telephone	Email
Part A	585-348-3020	PartAInfo@maximus.com
DME	585-348-3200	DMEInfo@maximus.com