



## Benefits Improvement and Protection Act (BIPA) Contact Information

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Please print legibly.

Fax responses to 701-838-6009, Attention Susan Ronnie

The person listed below will be considered NDHCRI's contact should an appeal be requested by a beneficiary from your provider.

\_\_\_\_\_  
Medicare Provider ID (35xxxx)

\_\_\_\_\_  
Provider Name

CORF    Home Health Agency    Hospice    Skilled Nursing Facility    Swing Bed

### **Weekday Contact:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

North Dakota

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### **Weekend Contact (if different than weekday contact):**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address