9.0 Miscellaneous Information and Forms in Appendix

This Appendix contains relevant information to aid a provider in understanding Medicaid terminology and commonly used provider forms, as listed below. The forms may be copied. Always remember to retain a copy of the original for your records.

The following item may aid you in understanding Medicaid terminology:

- Glossary and Acronyms

List of Forms included in this Appendix:

- **Adjustment/Void Request Form**—Submit if you need an adjustment or to void a payment.

- **Claim Inquiry Form**—Submit if you have an inquiry about a claim.

- **Direct Deposit Authorization/Agreement Form**—Submit this form if you need to enroll in Direct Deposit or to change your existing direct deposit information.

- **Change of Name Form**—Submit if you are changing your name (to and from).

- **Claim Form Reorder Request Form**—Submit if you need to order claim forms, prior authorization and consent forms.

- **Change of Address Form**—Submit if you are changing the address where services are rendered to Medicaid beneficiaries or your preferred mailing address.

- **Trading Partner Service Agreement**—Submit to enroll in Electronic Data Interchange.

- **TPL EDIT OVERRIDE ATTACHMENT: NO RESPONSE**

- **Pharmacy Claim Form**—Submit if you are filing a paper claim for pharmacy services.

- **Mississippi Crossover Claim Form Medicare Part A**—Submit if you are filing a Medicare Part C claim (Advantage Plan) for Part A services.

- **Mississippi Crossover Claim Form Medicare Part B**—Submit if you are filing a Medicare Part C claim (Advantage Plan) for Part B services.