



Duplicate Remittance Advice Request

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

SECTION I: Important Information

Remittance advices must be downloaded from the Provider Online Service Center (POSC) within a six-month period from the date of the remittance advice, after which they are no longer available for download via the POSC.

All providers must maintain complete patient account records. Patient account records must include complete documentation of charges; indicate the date and amount of all debit and credit transactions; and support the appropriateness of the amounts billed and paid. Institutional providers must provide on request all records maintained by or within the institution about services provided to members by other providers. Pharmacy providers must keep photocopies of the temporary MassHealth cards referenced when filling prescriptions, if applicable, and must produce a copy of the card on request.

Please see MassHealth regulations at 130 CMR 450.205 for more information about maintaining medical records. As noted above, remittance advices must be downloaded from the POSC within six months. MassHealth asks that providers limit requests for duplicative remittance advices as much as possible. Please attach an explanation if this provider has previously requested duplicative remittance advices.

SECTION II: Contact Information (all fields required)

Name		Phone number	
Email address (electronic requests will be fulfilled via secure email)			
Street address	City	State	Zip
Provider number (PID/SL)			
Note to group practices: If you bill under individual provider numbers, please use the individual provider number, not the group practice provider number.			

SECTION III: Justification

If you have sent a Duplicate Remittance Advice Form on a previous occasion, please include your justification reason for sending an additional request.

SECTION VI: Duplicate Remittance Advice Information

Remittance Advice Date	Run Number

Format: ☐ Electronic
☐ Paper (This option is only available if the RA is 10 pages or fewer)

Please email this completed form to: providerrarequests@mass.gov.