



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

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Ser M3/5CO/E10UGEN017295c
3 Dec 10

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: NOTIFICATION OF THE REQUIREMENT FOR DEPARTMENT OF DEFENSE PHYSICIANS AND CERTAIN OTHER PRACTITIONERS TO ENROLL AS NECESSARY IN THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PROVIDER ENROLLMENT, CHAIN, AND OWNERSHIP SYSTEM (PECOS) PROGRAM

Encl: (1) Navy Provider PECOS Enrollment Guidance
(2) Medicare Fee-for-Service Provider Enrollment Contact List
(3) CMS-855I Medicare Enrollment Application
(4) Cover letter template

1. Section 6405 of the Affordable Care Act requires certain health care practitioners who provide care to Medicare eligible beneficiaries to enroll in the Center for Medicare & Medicaid Services (CMS) PECOS program.
2. This memorandum is applicable to all Department of Defense (DoD) physicians, dentists, and other practitioners required to enroll in PECOS. These providers may certify or order services for Medicare eligible beneficiaries but do not send claims to, or receive payment from, the Medicare program.
3. Using guidance provided in enclosure (1), DoD providers must complete a paper application and submit it via regular mail to the designated Medicare fee-for-service contractor servicing the state or jurisdiction in which the provider practices, enclosure (2). The provider must submit a completed form CMS-855I (enclosure (3)) and a cover letter (enclosure (4)) in their application.
4. CMS has not set an enrollment deadline after which rejection of orders and referrals from non-Medicare enrolled providers occurs. However, medical treatment facility (MTF) commanders, commanding officers (CO), and officers in charge (OIC) shall proactively identify, track and assist health care providers who currently render care to Medicare eligible beneficiaries to enroll in PECOS by 31 December 2010. After this date, MTF commanders, COs, and OICs will continue monitoring compliance with this requirement and help health care providers with the enrollment process upon assignment to duties that include treatment of Medicare eligible beneficiaries.
5. My point of contact is Carmen C. Birk at (202) 762-3081 or Carmen.Birk@med.navy.mil.


R. C. YINET
Acting

ENCL (1)

Navy Provider PECOS Enrollment Guidance

1. Currently the **ONLY** way to register is to complete a paper application and mail it to the Medicare fee-for-service contractor servicing your State or Practice Location (Enclosure 2); with a cover letter (Enclosure 4) that states you are a Department of Defense eligible professional enrolling in Medicare for the sole purpose of ordering and referring and that you will not submit any claims.
2. In order to enroll you **MUST HAVE** a National Provider Identifier (NPI) Type 1 and a State License. (At this time this excludes any Physician Assistant that **DOES NOT** have a State License.)
3. Go to <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>. At the Search screen, click on "Show only" and then on "Show only items containing the following word" type "enrollment" in box and download or print out a copy of CMS-855I form: (Enclosure 3). You can also complete the application as a .pdf from the website and then either save and print it or just print it.
4. Complete Sections: **1, 2, 3, 13, and 15**

Section 1: Basic Information

Under A. Enter "**PENDING**" on the second line for Medicare Identification Number(s): and enter your Individual NPI in the section for NPI

Reason for Application: Select **You are a new enrollee** in Medicare

Under B. Select **box** for Identifying Information

Section 2: Identifying Information

Under A Complete all Sections **EXCEPT** Certification Information

Under B Enter your current practice location address. Include a phone number and email address you can be contacted at.

DO NOT complete C.

Under D Physician Specialty: Select your primary specialty using **P** and all Secondary specialties using **S** (If you are a Dentist who is NOT an Oral Surgeon Select box for Undefined physician type and specify Dentist)

Non-Physician Specialty: Select **ONLY 1** per Application Form

DO NOT complete E; F; or G

Under H. Clinical Psychologists complete and furnish requested information

DO NOT complete J or K

Section 3. Final Adverse Actions/Convictions. Complete as appropriate

DO NOT complete **Sections 4, 5, 6, 7, 8, 9, 10, 11, and 12**

Section 13. Contact Person. Complete using the information from Section 2.B. unless your command specifies otherwise.

Section 14. Read entire section.

Section 15. Certification Statement. Read entire section and enter your information and Sign using **BLUE** ink

Section 16. Not required

Section 17. Supporting Documents. If you indicated any Final Adverse Actions/Convictions in Section 3 attach copies of all final adverse action documentation.

VERY IMPORTANT: Make a copy of your signed & dated application and keep it for your own record as your proof of submission. Please **NOTE:** if you change practice locations you may be required to change your enrollment to reflect the correct Medicare Fee-for-service Provider.

ENCL (2)

Medicare Fee-for-Service Provider Enrollment Contact List

Medicare operations are managed by independent contractors known as fee-for-service contractors.

The Medicare fee-for-service contractor serving your State or jurisdiction will answer your enrollment questions and process your enrollment application.

An AB MAC or carrier processes enrollment applications submitted by physicians, non-physician practitioners, and the following organizations:

- Ambulance Service Supplier
- Ambulatory Surgical Center
- Clinics & Group Practices
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Mammography Center
- Portable X-ray Supplier
- Radiation Therapy Center

Note: If your supplier type is not shown above, contact the designated carrier before you submit an enrollment application.

An AB MAC or fiscal intermediary processes enrollment applications submitted by the following health care organizations:

- Community Mental Health Center
- Comprehensive Outpatient Rehab Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- Federally Qualified Health Center
- Histocompatibility Laboratory
- Home Health Agency (HHA)
- Hospice
- Hospital
- Indian Health Services Facility
- Organ Procurement Organization
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services
- Religious Non-Medical Health Care Institution
- Rural Health Center
- Skilled Nursing Facility

Note: If your provider or supplier type is not shown above, contact a the designated fiscal intermediary before you submit an enrollment application.

The National Supplier Clearinghouse processes enrollment applications submitted by Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPS) suppliers.

Alabama	Carrier	Cahaba GBA, LLC	877-567-7271	Provider Enrollment, P.O. Box 830170, Birmingham, AL 35202	http://www.cahabagba.com
	Fiscal Intermediary	Cahaba GBA	877-567-7271	Provider Enrollment - Part A, P.O. Box 1537, Birmingham, AL 35201	http://www.cahabagba.com
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Alaska	Carrier	Nordian Administrative Services	888-608-8816	P.O. Box 6703, Fargo, ND 58108-6703	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6720 Fargo, ND 58108-6720	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

ENCH (2)

American Samoa	Carrier	Palmeto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmetogba.com/
	Fiscal Intermediary	Palmeto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmetogba.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc
Arizona	Carrier	Nordian Administrative Services	888-608-9816	P.O. Box 6704, Fargo, ND 58108-6704	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-9816	P.O. Box 6730, Fargo, ND 58108-6730	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc
Arkansas	Carrier	Pinnacle Business Solutions	866-582-3251	Provider Enrollment, P.O. Box 34260, Little Rock, Arkansas 72203-4260	http://www.pinnaclebsi.com/
	Fiscal Intermediary	Pinnacle Business Solutions	888-733-6820	Provider Enrollment, P.O. Box 1418, Little Rock, AR 72203	http://www.pinnaclebsi.com/
	Regional Home Health Intermediary	Palmeto GBA	803-382-6167	Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmetogba.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc
California	Carrier	Palmeto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508 Augusta, GA 30903-1508	http://www.palmetogba.com/
	Fiscal Intermediary	Palmeto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmetogba.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc
Colorado	Carrier	Trailblazer Health Enterprises, LLC	866-539-5596	Provider Enrollment, P.O. Box 650710, Dallas, TX 75265-0710	http://www.trailblazerhealth.com/
	Fiscal Intermediary	Trailblazer Health Enterprises, LLC	866-528-1603	Provider Enrollment, P.O. Box 650458 Dallas, Texas 75265-0458	http://www.trailblazerhealth.com/
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc
Connecticut	Carrier	National Government Services, Inc.	888-855-4356	P.O. Box 6229, Indianapolis, IN 46206-6229	http://www.ngsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	888-855-4356	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmeto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmetogba.com/nssc

District of Columbia	Carrier	Highmark Medicare Services	866-488-0549, option 1	Provider Enrollment Services, PO Box 890407, Camp Hill, PA 17089-0407	http://www.highmarkmedicare.com/nsc
	Fiscal Intermediary	Highmark Medicare Services	866-488-0549, option 2 877-299-4500 (HHA)	Provider Enrollment Services, P.O. Box 890385 Camp Hill, Pennsylvania 17089-0385	http://www.highmarkmedicare.com/nsc
	Regional Home Health Intermediary	Cahaba GBA, LLC	866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Dalaware	Carrier	Highmark Medicare Services	866-488-0549, option 1	Provider Enrollment Services, P.O. Box 890408, Camp Hill, PA 17089-0408	http://www.highmarkmedicare.com/nsc
	Fiscal Intermediary	Highmark Medicare Services	866-488-0549, option 2 877-299-4500 (HHA)	Provider Enrollment Services, P.O. Box 890417, Camp Hill, PA 17089-0417	http://www.highmarkmedicare.com/nsc
	Regional Home Health Intermediary	Cahaba GBA, LLC	866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Florida	Carrier	First Coast Service Options	866-454-9007	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsso.com/
	Fiscal Intermediary	First Coast Service Options	877-602-8816	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsso.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Georgia	Carrier	Cahaba GBA, LLC	877-567-7271	Provider Enrollment, P.O. Box 830170, Birmingham, AL 35202	http://www.cahabagba.com/
	Fiscal Intermediary	Cahaba GBA	877-567-7271	Provider Enrollment - Part A, P.O. Box 1537, Birmingham, AL 35201	http://www.cahabagba.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Guam	Carrier	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Fiscal Intermediary	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Hawaii	Carrier	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Fiscal Intermediary	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

Idaho	Carrier	CIGNA Government Services	866-824-8593	P.O. Box 25226, Nashville, TN 37202	http://www.cigna.govtntservices.com/
	Fiscal Intermediary	Nordian Administrative Services	888-508-8816	P.O. Box 6726, Fargo, ND 58108-6726	http://www.nordianintermediate.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
Illinois	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
	Carrier	Wisconsin Physicians Service	877-908-8476	Medicare Part B Provider Enrollment, P.O. Box 8248, Madison, Wisconsin 53708-8248	http://www.wpsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	866-702-0990	Part A Provider Enrollment, P.O. Box 7078, Indianapolis, IN 46207-7078	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Indiana	Carrier	National Government Services, Inc.	866-389-1375	Medicare Part B Provider Enrollment, P.O. Box 7078, Indianapolis, IN 46207-7078	http://www.ngsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	866-758-3856	Part A Provider Enrollment, P.O. Box 7078, Indianapolis, IN 46207-7078	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Iowa	Carrier	Wisconsin Physicians Service	866-503-7864	Provider Enrollment, P.O. Box 8248, Madison, WI 53708	www.wpsmedicare.com
	Fiscal Intermediary	Wisconsin Physicians Service	866-503-7864	WPS Provider Enrollment, 3333 Farnam St, Suite 700 Omaha, Nebraska 68101	www.wpsmedicare.com
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Kansas	Carrier	Wisconsin Physicians Service	866-503-7864	Provider Enrollment, P.O. Box 8248, Madison, WI 53708	www.wpsmedicare.com
	Fiscal Intermediary	Wisconsin Physicians Service	866-734-9444	Provider Enrollment, P.O. Box 8310, Omaha, NE 68108-0310	www.wpsmedicare.com
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Kentucky	Carrier	National Government Services, Inc.	866-389-1375	Medicare Part B Provider Enrollment, P.O. Box 7158, Indianapolis, IN 46207-7158	http://www.ngsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	866-590-6703	Part A Provider Enrollment, P.O. Box 7141, Indianapolis, IN 46207-7141	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	Palmetto GBA	877-272-5786	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

Louisiana	Carrier	Pinnacle Business Solutions	866-794-0466	P.O. Box 34260, Little Rock, AR 72203-4260	http://www.pinnaclebs.com/
	Fiscal Intermediary	Pinnacle Business Solutions	877-635-7596	P.O. Box 1418, Little Rock, AR 72203	http://www.pinnaclebs.com
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Maine	Carrier	NHIC, Corp.	877-258-4442	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Fiscal Intermediary	NHIC, Corp.	877-757-7783	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 4792, Syracuse, NY 13221-4792	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Maryland	Carrier	Highmark Medicare Services	866-488-0549, option 1	Provider Enrollment Services, PO Box 890406, Camp Hill, PA 17089-0406	http://www.highmarkmedicareinservices
	Fiscal Intermediary	Highmark Medicare Services	866-488-0549, option 2	Provider Enrollment Services, PO Box 890385, Camp Hill, PA 17089-0385	http://www.highmarkmedicareinservices
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Massachusetts	Carrier	NHIC, Corp.	877-258-4442	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Fiscal Intermediary	NHIC, Corp.	877-757-7783	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 4792, Syracuse, NY 13221-4792	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Michigan	Carrier	Wisconsin Physicians Service	877-908-9476	Medicare Part B Provider Enrollment, P.O. Box 8248, Madison, Wisconsin 53708-8248	http://www.wpsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	866-758-3856	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Minnesota	Carrier	Wisconsin Physicians Service	866-564-0315	8120 Penn Avenue South, Suite 200, Bloomington, MN 55431-1394	http://www.wpsmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6714, Fargo, ND 58108-6714	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Mississippi	Carrier	Cahaba GBA	866-419-9454	Provider Enrollment, P.O. Box 548, Birmingham, AL 35202	http://www.cahabagba.com/
	Fiscal Intermediary	Pinnacle Business Solutions	877-635-7596	P.O. Box 1418, Little Rock, AR 72203	http://www.pinnaclebs.com/
	Regional Home Health Intermediary	Palmetto GBA	877-272-5786	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

Missouri	Carrier	Wisconsin Physicians Service	866-503-7664	Provider Enrollment, P.O. Box 8248, Madison, WI 53708	www.wpsmedicare.com
	Fiscal Intermediary	Wisconsin Physicians Service	866-503-7664	Provider Enrollment, P.O. Box 8310, Omaha, NE 68108-0310	www.wpsmedicare.com
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Montana	Carrier	Nordian Administrative Services	888-608-8816	Medicare Part B, P.O. Box 6735, Fargo, ND 58108-6735	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	Medicare Part A, P.O. Box 6732, Fargo, ND 58108-6732	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Nebraska	Carrier	Wisconsin Physicians Service	866-503-7664	Provider Enrollment, P.O. Box 8248, Madison, WI 53708	www.wpsmedicare.com
	Fiscal Intermediary	Wisconsin Physicians Service	866-734-9444	Provider Enrollment, P.O. Box 8310, Omaha, NE 68108-0310	www.wpsmedicare.com
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Nevada	Carrier	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Fiscal Intermediary	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
New Hampshire	Carrier	NHIC, Corp.	877-258-4442	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Fiscal Intermediary	NHIC, Corp.	877-757-7783	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 4792, Syracuse, NY 13221-4792	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
New Jersey	Carrier	Highmark Medicare Services	866-488-0549, option 1	Provider Enrollment Services, P.O. Box 8900036, Camp Hill, PA 17089-0036	http://www.highmarkmedicare.com/
	Fiscal Intermediary	Highmark Medicare Services	866-488-0549, option 2	Provider Enrollment Services, P.O. Box 890385, Camp Hill, PA 17089-0385	http://www.highmarkmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

New Mexico	Carrier	TrailBlazer Health Enterprises, LLC	866-539-5596	Provider Enrollment, P.O. Box 650709, Dallas, TX 75265-0709	http://www.trailblazerhealth.com/
	Fiscal Intermediary	TrailBlazer Health Enterprises, LLC	866-528-1603	Provider Enrollment, P.O. Box 650458, Dallas, TX 75265-0458	http://www.trailblazerhealth.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoeba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
New York (Upstate)	Carrier	National Government Services, Inc.	877-567-7173	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Fiscal Intermediary	National Government Services, Inc.	888-855-4356	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
New York (NYC Metro area, except Queens) Counties: Bronx, Columbia, Delaware, Dutchess, Greene, Kings (Brooklyn), Nassau, New York (Manhattan)	Fiscal Intermediary	National Government Services, Inc.	888-855-4356	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
	Carrier	National Government Services, Inc.	866-837-0241	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
New York (Queens)	Fiscal Intermediary	National Government Services, Inc.	888-855-4356	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
	Carrier	National Government Services, Inc.	866-837-0241	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
North Carolina	Fiscal Intermediary	National Government Services, Inc.	888-855-4356	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 6230, Indianapolis, IN 46206-6230	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
	Carrier	CIGNA Government Services	866-655-7996	Provider Enrollment, P.O. Box 25226, Nashville, TN 37202	http://www.cigna.govementservices.com/
North Dakota	Fiscal Intermediary	Palmetto GBA	877-567-9249	Part A Provider Enrollment, 2300 Springdale Drive, Building One Camden, SC 29020	http://www.palmettoeba.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoeba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
	Carrier	Nordian Administrative Services	888-608-8816	P.O. Box 6706, Fargo, ND 58108-6706	https://www.nordianmedicare.com/
Regional Home Health Intermediary	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6709, Fargo, ND 58108-6709	https://www.nordianmedicare.com/
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc
	Carrier	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoeba.com/nsc

Northern	Carrier	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
Maryland	Fiscal Intermediary	Palmetto GBA	866-931-3901	Provider Enrollment, P.O. Box 1508, Augusta, GA 30903-1508	http://www.palmettogba.com/
Islands	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Ohio	Carrier	Palmetto GBA	866-308-5439	Part B Provider Enrollment, P.O. Box 182933, Columbus, OH 43218-2933	http://www.palmettogba.com/
	Fiscal Intermediary	National Government Services, Inc.	866-590-6703	Part A Provider Enrollment, P.O. Box 7141, Indianapolis, IN 46207-7141	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Oklahoma	Carrier	Trailblazer Health Enterprises, LLC	866-539-5596	Provider Enrollment, P.O. Box 650711, Dallas, TX 75265-0711	http://www.trailblazerhealth.com/
	Fiscal Intermediary	Trailblazer Health Enterprises, LLC	866-528-1603	Provider Enrollment, P.O. Box 650458, Dallas, TX 75265-0458	http://www.trailblazerhealth.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettogba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Oregon	Carrier	Nordian Administrative Services	888-608-9816	P.O. Box 6702, Fargo, ND 58108-6702	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-9816	P.O. Box 6726, Fargo, ND 58108-6726	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Pennsylvania	Carrier	Highmark Medicare Services	866-488-0549, option 1	Provider Enrollment Services, P.O. Box 890157, Camp Hill, PA 17089-0157	http://www.highmarkmedicare.com/
	Fiscal Intermediary	Highmark Medicare Services	866-488-0549, option 2	Provider Enrollment Services, P.O. Box 890385, Camp Hill, PA 17089-0385	http://www.highmarkmedicare.com/
	Regional Home Health Intermediary	Calhoun GBA, LLC	877-299-4500 (HHA)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.calhoungba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
Puerto Rico	Carrier	First Coast Service Options	877-715-1921	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsso.com/
	Fiscal Intermediary	First Coast Service Options	877-908-8433	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsso.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-9990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

Rhode Island	Carrier	NHIC, Corp.	877-258-4442	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicare-rh.com/
	Fiscal Intermediary	NHIC, Corp.	877-757-7783	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicare-rh.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 4792, Syracuse, NY 13221-4792	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoqba.com/nsc
South Carolina	Carrier	Palmetto GBA	866-238-9654	Part B Provider Enrollment (AG-310), P.O. Box 100190, Columbia, SC 29202-3190	http://www.palmettoqba.com/
	Fiscal Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoqba.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoqba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoqba.com/nsc
South Dakota	Carrier	Nordian Administrative Services	888-608-8816	P.O. Box 6707, Fargo, ND 58108-6707	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6733, Fargo, ND 58108-6733	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabaqba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-539-5592 (Hospice)	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoqba.com/nsc
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652		http://www.palmettoqba.com/nsc
Tennessee	Carrier	Cahaba GBA	877-567-7271	Provider Enrollment, P.O. Box 830170, Birmingham, AL 35202	http://www.cahabamedicare.com/
	Fiscal Intermediary	Cahaba GBA	877-567-7271	Provider Enrollment - Part A, P.O. Box 1537, Birmingham, AL 35201	http://www.cahabaqba.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoqba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoqba.com/nsc
Texas	Carrier	Trailblazer Health Enterprises, LLC	866-539-5596	Provider Enrollment, P.O. Box 650544, Dallas, TX 75265-0544	http://www.trailblazerhealth.com/
	Fiscal Intermediary	Trailblazer Health Enterprises, LLC	866-528-1603	Provider Enrollment, P.O. Box 650458, Dallas, TX 75265-0458	http://www.trailblazerhealth.com/
	Regional Home Health Intermediary	Palmetto GBA	803-382-6167	Part A Provider Enrollment (AG-331), P.O. Box 100144, Columbia, SC 29202-3144	http://www.palmettoqba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettoqba.com/nsc
Utah	Carrier	Nordian Administrative Services	888-608-8816	P.O. Box 6725, Fargo, ND 58108-6725	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6724, Fargo, ND 58108-6724	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabaqba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-539-5592 (Hospice)		http://www.palmettoqba.com/nsc
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652		http://www.palmettoqba.com/nsc

Vermont	Carrier	NHIC, Corp.	877-258-4442	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Fiscal Intermediary	NHIC, Corp.	877-757-7783	Provider Enrollment, P.O. Box 3434, Hingham, MA 02044	http://www.medicarenhic.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-539-5593	P.O. Box 4792, Syracuse, NY 13221-4792	http://www.ngsmedicare.com/
Virginia	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
	Carrier	Trailblazer Health Enterprises	866-697-9670	Provider Enrollment VA, P.O. Box 650544, Dallas, TX 75265-0544	http://www.trailblazerhealth.com/
	Fiscal Intermediary	National Government Services, Inc.	866-808-8091	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
Virgin Island	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
	Carrier	First Coast Service Options	877-715-1921	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsco.com/
Washington	Fiscal Intermediary	First Coast Service Options	877-808-8433	Provider Enrollment, P.O. Box 44021, Jacksonville, FL 32231-4021	http://www.fcsco.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
West Virginia	Carrier	Nordian Administrative Services	888-608-8816	P.O. Box 6700, Fargo, ND 58108-6700	http://www.nordianmedicare.com/
	Fiscal Intermediary	Nordian Administrative Services	888-608-8816	P.O. Box 6720, Fargo, ND 58108-6720	http://www.nordianmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	866-590-6724	Provider Enrollment, P.O. Box 7143, Indianapolis, IN 46207-7143	http://www.ngsmedicare.com/
Wisconsin	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
	Carrier	Palmetto GBA	866-308-5439	Palmetto GBA, Part B Provider Enrollment, P.O. Box 182933, Columbus, OH 43218-2933	http://www.palmettogba.com/
	Fiscal Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
Wisconsin	Regional Home Health Intermediary	Cahaba GBA, LLC	877-299-4500 (HHA) 866-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.cahabagba.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc
	Carrier	Wisconsin Physicians Service	877-908-8476	WPS-Medicare Provider Enrollment, P.O. Box 8248, Madison, Wisconsin 53708-8248	http://www.wpsmedicare.com/
Wisconsin	Fiscal Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	Regional Home Health Intermediary	National Government Services, Inc.	877-702-0990	P.O. Box 7149, Indianapolis, IN 46207-7149	http://www.ngsmedicare.com/
	National Supplier Clearinghouse	Palmetto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmettogba.com/nsc

Wyoming	Carrier	Nonidian Administrative Services	888-608-8816	Medicare Part B, P.O. Box 6708, Fargo, ND 58108-6708	http://www.nonidianmedicare.com/
	Fiscal Intermediary	Nonidian Administrative Services	888-608-8816	Medicare Part A, P.O. Box 6734, Fargo, ND 58108-6734	http://www.nonidianmedicare.com/
	Regional Home Health Intermediary	Canaba GBA, LLC	877-299-4500 (HHA) 886-539-5592 (Hospice)	400 E. Court, Suite 400-D, P.O. Box 14537, Des Moines, IA 50306-3537	http://www.canabagba.com/
	National Supplier Clearinghouse	Palmneto GBA	866-238-9652	P.O. Box 100142, Columbia, South Carolina 29202-3142	http://www.palmnetogba.com/nsc

ENCL (3)



MEDICARE ENROLLMENT APPLICATION

PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS

CMS-855I

SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION.

SEE PAGE 2 FOR INFORMATION ON WHERE TO MAIL THIS APPLICATION.

SEE PAGE 27 TO FIND THE LIST OF THE SUPPORTING DOCUMENTATION
THAT MUST BE SUBMITTED WITH THIS APPLICATION.



ENCL (3)

WHO SHOULD COMPLETE THIS APPLICATION

All physicians, as well as all non-physician practitioners listed below, must complete this application to initiate the enrollment process:

Anesthesiology Assistant	Mass immunization roster biller	Psychologist, Clinical
Audiologist	Nurse practitioner	Psychologist billing
Certified nurse midwife	Occupational therapist in	independently
Certified registered nurse	private practice	Registered Dietitian or
anesthetist	Physical therapist in	Nutrition Professional
Clinical nurse specialist	private practice	Speech Language Pathologist
Clinical social worker	Physician assistant	

If your supplier type is not listed above, contact your designated fee-for-service contractor before you submit this application.

Complete this application if you are an individual practitioner who plans to bill Medicare and you are:

- An individual practitioner who will provide services in a private setting.
- An individual practitioner who will provide services in a group setting. If you plan to render all of your services in a group setting, you will complete Sections 1-4 and skip to Sections 14 through 17 of this application.
- Currently enrolled with a Medicare fee-for-service contractor but need to enroll in another fee-for-service contractor's jurisdiction (e.g., you have opened a practice location in a geographic territory serviced by another Medicare fee-for-service contractor).
- Currently enrolled in Medicare and need to make changes to your enrollment information (e.g., you have added or changed a practice location).
- An individual who has formed a professional corporation, professional association, limited liability company, etc., of which you are the sole owner.

If you provide services in a group/organization setting, you will also need to complete a separate application, the CMS-855R, to reassign your benefits to each organization. If you terminate your association with an organization, use the CMS-855R to submit that change.

BILLING NUMBER INFORMATION

The NPI is the standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPES). **As a Medicare healthcare supplier, you must obtain an NPI prior to enrolling in Medicare or before submitting a change to your existing Medicare enrollment information.** Applying for the NPI is a process separate from Medicare enrollment. To obtain an NPI, you may apply online at <https://NPPES.cms.hhs.gov>. For more information about NPI enumeration, visit www.cms.hhs.gov/NationalProvIdentStand.

The Medicare Identification Number, often referred to as a Provider Transaction Access Number (PTAN) or Medicare Legacy Number, is a generic term for any number other than the NPI that is used to identify a Medicare supplier.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

- Type or print all information so that it is legible. Do not use pencil.
- Report additional information within a section by copying and completing that section for each additional entry.
- Attach all required supporting documentation.
- Keep a copy of your completed Medicare enrollment package for your own records.
- Send the completed application with original signatures and all required documentation to your designated fee-for-service contractor.

AVOID DELAYS IN YOUR ENROLLMENT

To avoid delays in the enrollment process, you should:

- Complete all required sections.
- Ensure that the correspondence address shown in Section 2 is the supplier's address.
- Enter your NPI in the applicable sections.
- Enter all applicable dates.
- Send the completed application with all supporting documentation to your designated fee-for-service contractor.

ADDITIONAL INFORMATION

For additional information regarding the Medicare enrollment process, visit www.cms.hhs.gov/MedicareProviderSupEnroll.

The fee-for-service contractor may request, at any time during the enrollment process, documentation to support and validate information reported on the application. You are responsible for providing this documentation in a timely manner.

The information you provide on this form will not be shared. It is protected under 5 U.S.C. Section 552(b)(4) and/or (b)(6), respectively. For more information, see the last page of this application to read the Privacy Act Statement.

MAIL YOUR APPLICATION

The Medicare fee-for-service contractor (also referred to as a carrier or a Medicare administrative contractor) that services your State is responsible for processing your enrollment application. To locate the mailing address for your fee-for-service contractor, go to www.cms.hhs.gov/MedicareProviderSupEnroll.

SECTION 1: BASIC INFORMATION

This section captures information regarding the reason you are submitting this application. Read this section in full prior to indicating the reason for submission on page 4.

NEW ENROLLEES TO MEDICARE

If you are:

- Enrolling in the Medicare program for the first time with this particular Medicare fee-for-service contractor.
- A physician assistant whose services are reimbursed through your employer would complete this application. However, he/she would not complete the CMS 855R.

NOTE: A physician assistant should only complete Sections 1, 2, 3, 13, 15 and 17, and should report all employers in Section 2E.

ENROLLED MEDICARE SUPPLIERS

The following actions apply to Medicare suppliers already enrolled in the program.

Enrolling with another fee-for-service contractor

If you are already enrolled with a Medicare fee-for-service contractor but are establishing a practice location in another fee-for-service contractor's jurisdiction.

Reactivation

To reactivate your Medicare billing privileges, submit this enrollment application. In addition, you must be able to submit a valid claim and meet all current requirements for your supplier type.

Voluntary Termination

You should voluntarily terminate your Medicare enrollment if you:

- Will no longer be rendering services to Medicare patients, or
- Are planning to cease (or have ceased) operations.

Change of Information

If you are adding, deleting, or changing information that you previously reported to Medicare.

If you are already enrolled in Medicare and are not receiving Medicare payments via EFT, any change to your enrollment information will require you to submit a CMS-588 form. All future payments will then be made via EFT.

Changes in your existing enrollment data must be reported to the fee-for-service contractor in accordance with 42 C.F.R. § 424.516.

Revalidation

CMS may require you to submit or update your enrollment information. The fee-for-service contractor will notify you when it is time for you to revalidate your enrollment information. Do not submit a revalidation application until you have been contacted by the fee-for-service contractor.

SECTION 1: BASIC INFORMATION

A. Check one box and complete the required sections.

Since physician assistants do not complete Section 4, all physician assistants must furnish their Medicare Identification Number (if issued) and their NPI here:

Medicare Identification Number(s): _____ NPI: _____

If you are reassigning all of your Medicare benefits per section 4B1 of this application, furnish your Medicare Identification Number (if issued) and your individual (Type 1) NPI here:

Medicare Identification Number(s): _____ NPI: _____

REASON FOR APPLICATION	BILLING NUMBER INFORMATION	REQUIRED SECTIONS
<input type="checkbox"/> You are a new enrollee in Medicare	Enter your Medicare Identification Number (<i>if issued</i>) and the NPI you would like to link to this number in Section 4.	REQUIRED SECTIONS Complete all sections
<input type="checkbox"/> You are enrolling with another fee-for-service contractor	Enter your Medicare Identification Number (<i>if issued</i>) and the NPI you would like to link to this number in Section 4.	Complete all sections
<input type="checkbox"/> You are reactivating your Medicare enrollment	Enter your Medicare Identification Number (<i>if issued</i>) and the NPI you would like to link to this number in Section 4.	Complete all sections
<input type="checkbox"/> You are voluntarily terminating your Medicare enrollment	Effective Date of Termination	Sections 1A, 13 and 15
	Medicare Identification Number(s) to Terminate (<i>if issued</i>): _____ National Provider Identifier (<i>if issued</i>): _____	Physician Assistants must complete Sections 1A, 2F, 13 and 15 Employers terminating Physician Assistants must complete Sections 1A, 2G, 13 and 15

SECTION 1: BASIC INFORMATION (Continued)

<input type="checkbox"/> You are changing your Medicare information	Medicare Identification Number <i>(if issued)</i> : _____ NPI: _____	Go to Section 1B
<input type="checkbox"/> You are revalidating your Medicare enrollment	Enter your Medicare Identification Number <i>(if issued)</i> and the NPI you would like to link to this number in Section 4.	Complete all sections

B. Check all that apply and complete the required sections.

REQUIRED SECTIONS

<input type="checkbox"/> Identifying Information	1, 2 (complete only those sections that are changing), 3, 13 and 15
<input type="checkbox"/> Final Adverse Actions/Convictions	1, 2A, 3, 13 and 15
<input type="checkbox"/> Practice Location Information, Payment Address and Medical Record Storage Information	1, 2A, 3, 4 (complete only those sections that are changing), 13 and 15
<input type="checkbox"/> Individuals Having Managing Control	1, 2A, 3, 6, 13, and 15
<input type="checkbox"/> Billing Agency Information	1, 2A, 3, 8 (complete only those sections that are changing), 13 and 15

SECTION 2: IDENTIFYING INFORMATION

A. Personal Information: Your name, date of birth, and social security number must coincide with the information on your social security record.

1. First Name	Middle Initial	Last Name	Jr., Sr., M.D., D.O., etc.
2. Other Name, First	Middle Initial	Last Name	Jr., Sr., M.D., D.O., etc.
Type of Other Name <input type="checkbox"/> Former or Maiden Name <input type="checkbox"/> Professional Name <input type="checkbox"/> Other (Describe): _____			
Date of Birth (mm/dd/yyyy)	State of Birth	Country of Birth	
3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social Security Number	
Medical or other Professional School (Training Institution, if non-MD)	Year of Graduation (yyyy)	DEA Number (if applicable)	

License Information

License Not Applicable

License Number	State Where Issued
Effective Date (mm/dd/yyyy)	Expiration/Renewal Date (mm/dd/yyyy)

Certification Information

Certification Not Applicable

Certification Number	State Where Issued
Effective Date (mm/dd/yyyy)	Expiration/Renewal Date (mm/dd/yyyy)

B. Correspondence Address

Provide contact information for the person shown in Section 2A above. Once enrolled, the information provided below will be used by the fee-for-service contractor if it needs to contact you directly. This address cannot be a billing agency's address.

Mailing Address Line 1 (Street Name and Number)

Mailing Address Line 2 (Suite, Room, etc.)

City/Town	State	ZIP Code + 4
Telephone Number	Fax Number (if applicable)	E-mail Address (if applicable)

SECTION 2: IDENTIFYING INFORMATION (Continued)

C. Resident/Fellow Status

1. Are you currently in an approved training program as:
- a. A resident? YES NO
- b. In a fellowship program? YES NO

- If NO, skip to Section 2D.
- If YES to either of the above questions, provide the name and address of the facility where you are a resident or fellow on the following lines:

2. Are the services that you render at the facility shown in Section 2C1 part of your requirements for graduation from a formal residency or fellowship program? YES NO

Date of Completion: _____. If your completion date is prior to the beginning date for your practice in Section 4, skip to Section 2D.

3. Do you also render services at other facilities or practice locations? YES NO
IF YES, you must report these practice locations in Section 4.
4. Are the services that you render in any of the practice locations you will be reporting in Section 4 part of your requirements for graduation from a residency or fellowship program? YES NO

IF YES, has the teaching hospital reported in Section 2C1 above agreed to incur all or substantially all of the costs of training in the non-hospital facility. YES NO

SECTION 2: IDENTIFYING INFORMATION (Continued)

D. Medical Specialties

1. PHYSICIAN SPECIALTY

Designate your primary specialty and all secondary specialty(s) below using:

P=Primary S=Secondary

You may select only one primary specialty. You may select multiple secondary specialties. A physician must meet all Federal and State requirements for the type of specialty(s) checked.

- | | | |
|---|--|---|
| <input type="checkbox"/> Addiction medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Cardiac surgery | <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Pediatric medicine |
| <input type="checkbox"/> Cardiovascular disease
(Cardiology) | <input type="checkbox"/> Interventional Pain
Management | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Interventional radiology | <input type="checkbox"/> Physical medicine
and rehabilitation |
| <input type="checkbox"/> Colorectal surgery
(Proctology) | <input type="checkbox"/> Maxillofacial surgery | <input type="checkbox"/> Plastic and
reconstructive surgery |
| <input type="checkbox"/> Critical care (Intensivists) | <input type="checkbox"/> Medical oncology | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Preventive medicine |
| <input type="checkbox"/> Diagnostic radiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Pulmonary disease |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Radiation oncology |
| <input type="checkbox"/> Family practice | <input type="checkbox"/> Nuclear medicine | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Surgical oncology |
| <input type="checkbox"/> General practice | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Thoracic surgery |
| <input type="checkbox"/> General surgery | <input type="checkbox"/> Optometry | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Geriatric medicine | <input type="checkbox"/> Oral surgery (Dentist only) | <input type="checkbox"/> Vascular surgery |
| <input type="checkbox"/> Gynecological oncology | <input type="checkbox"/> Orthopedic surgery | <input type="checkbox"/> Undefined physician type
(Specify): _____ |
| <input type="checkbox"/> Hand surgery | <input type="checkbox"/> Osteopathic manipulative
therapy | |

SECTION 2: IDENTIFYING INFORMATION (Continued)

2. NON-PHYSICIAN SPECIALTY

If you are a non-physician practitioner, check the appropriate box to indicate your specialty.

All non-physician practitioners must meet specific licensing, educational, and work experience requirements. If you need information concerning the specific requirements for your specialty, contact the Medicare fee-for-service contractor.

Check only one of the following: If you want to enroll as more than one non-physician specialty type, you must submit a separate CMS-855I application for each.

- | | |
|---|--|
| <input type="checkbox"/> Anesthesiology assistant | <input type="checkbox"/> Physical therapist in private practice |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physician assistant |
| <input type="checkbox"/> Certified nurse midwife | <input type="checkbox"/> Psychologist, clinical |
| <input type="checkbox"/> Certified registered nurse anesthetist | <input type="checkbox"/> Psychologist billing independently |
| <input type="checkbox"/> Clinical nurse specialist | <input type="checkbox"/> Registered dietitian or nutrition professional |
| <input type="checkbox"/> Clinical social worker | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Mass immunization roster biller | <input type="checkbox"/> Undefined non-physician practitioner type (<i>Specify</i>): |
| <input type="checkbox"/> Nurse practitioner | _____ |
| <input type="checkbox"/> Occupational therapist in private practice | _____ |
| | _____ |

SECTION 2: IDENTIFYING INFORMATION (Continued)

E. Physician Assistants: Establishing Employment Arrangement(s)

Employer's Name	Effective Date of Employment	Employer's Medicare Identification Number <i>(if issued)</i>	Employer's NPI

F. Physician Assistants: Terminating Employment Arrangement(s)

Complete this section if you are a physician assistant discontinuing your employment with a practice.

Employer's Name	Effective Date of Departure	Employer's Medicare Identification Number <i>(if issued)</i>	Employer's NPI

G. Employer Terminating Employment Arrangement With One or More Physician Assistants

This section should be used by an individual who has incorporated or is a sole proprietor, and who is discontinuing their employment arrangement with a physician assistant.

Physician Assistant's Name	Effective Date of Departure	Physician Assistant's Medicare Identification Number <i>(if issued)</i>	Physician Assistant's NPI

SECTION 2: IDENTIFYING INFORMATION (Continued)

H. Clinical Psychologists

Do you hold a doctoral degree in psychology? YES NO

If YES, furnish the field of your psychology degree _____

Attach a copy of the degree with this application.

I. Psychologists Billing Independently

1. Do you render services of your own responsibility free from the administrative control of an employer such as a physician, institution, or agency? YES NO

2. Do you treat your own patients? YES NO

3. Do you have the right to bill directly, and to collect and retain the fee for your services? YES NO

4. Is this private practice located in an institution? YES NO

If YES to question 4 above, please answer questions "a" and "b" below.

a) If your private practice is located in an institution, is your office confined to a separately identified part of the facility that is used solely as your office and cannot be construed as extending throughout the entire institution? YES NO

b) If your private practice is located in an institution, are your services also rendered to patients from outside the institution or facility where your office is located? YES NO

J. Physical Therapists/Occupational Therapists in Private Practice (PT/OT)

The following questions only apply to your individual practice. They do not apply if you are reassigning all of your benefits to a group/organization.

1. Are all of your PT/OT services only rendered in the patients' homes? YES NO

2. Do you maintain private office space? YES NO

3. Do you own, lease, or rent your private office space? YES NO

4. Is this private office space used exclusively for your private practice? YES NO

5. Do you provide PT/OT services outside of your office and/or patients' homes? YES NO

If you respond YES to any of the questions 2–5 above, attach a copy of the lease agreement that gives you exclusive use of the facility for PT/OT services.

K. Nurse Practitioners and Certified Clinical Nurse Specialists

Are you an employee of a Medicare skilled nursing facility (SNF) or of another entity that has an agreement to provide nursing services to a SNF? YES NO

If yes, include the SNF's name and address.

Name _____

Street Address _____

City _____	State _____	Zip _____
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SECTION 3: FINAL ADVERSE ACTIONS/CONVICTIONS

This section captures information on final adverse actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending. Enrolled suppliers are required to report all Final Adverse Actions/Convictions within 30 days of the reportable event.

FINAL ADVERSE ACTIONS THAT MUST BE REPORTED

Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. Offenses include:

Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.

2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, Revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicare payment suspension under any Medicare billing number.
5. Any Medicare revocation of any Medicare billing number.

SECTION 3: FINAL ADVERSE ACTIONS/CONVICTIONS (Continued)**FINAL ADVERSE HISTORY**

1. Have you, under any current or former name or business identity, ever had a final adverse action listed on page 12 of this application imposed against you?

<input type="checkbox"/> YES—Continue Below <input type="checkbox"/> NO—Skip to Section 4

2. If yes, report each final adverse action, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the final adverse action documentation and resolution.

Final Adverse Action	Date	Taken By	Resolution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: PRACTICE LOCATION INFORMATION

A. Establishing a Professional Corporation, Professional Association, Limited Liability Company, etc.

If you are the sole owner of a professional corporation, a professional association, or a limited liability company, and will bill Medicare through this business entity, complete this section 4A, skip to Section 4C, and complete the remainder of the application with information about your business entity.

Legal Business Name as Reported to the Internal Revenue Service	Tax Identification Number
Medicare Identification Number <i>(if issued)</i>	NPI
Incorporation Date <i>(mm/dd/yyyy)</i> <i>(if applicable)</i>	State Where Incorporated <i>(if applicable)</i>

FINAL ADVERSE HISTORY

1. Has your organization, under any current or former name or business identity, ever had any of the final adverse actions listed on page 12 of this application imposed against it?

YES—Continue Below NO—Skip to Section 4

2. If yes, report each final adverse action, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the final adverse action documentation and resolution.

Final Adverse Action	Date	Taken By	Resolution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are the sole owner of a professional corporation, a professional association, or a limited liability company, and will bill Medicare through this business entity, you do not need to complete a CMS-855R that reassigns your benefits to the business entity.

B. Individual Affiliations

Complete this section with information about your private practice and group affiliations.

Furnish the requested information about each group/organization to which you will reassign your benefits. In addition, either you or each group/organization reported in this section must complete and submit a CMS 855R(s) (Individual Reassignment of Benefits) with this application. Reassigning benefits means that you are authorizing the group/organization to bill and receive payment from Medicare for the services you have rendered at the group/organization's practice location.

If you are an individual who is reassigning all of your benefits to a group, neither you nor the group needs to submit a CMS-588 (Electronic Funds Transfer Authorized Agreement) to facilitate that reassignment.

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

1. If you are reassigning **all** of your payments to another group or organization furnish the name, Medicare identification number(s) and NPI of each group or organization below and proceed to Section 13.
2. If **any** of your payments are part of your private practice and a group or organization furnish the name and Medicare identification number(s) and NPI of each group or organization below and continue to Section 4C (where you will enter your private practice information).
3. If you are **not** reassigning all or any of your payments to another group or organization, **skip** to Section 4C with information about your private practice.

a) Name of Group/Organization	Medicare Identification Number <i>(if issued)</i>	National Provider Identifier
b) Name of Group/Organization	Medicare Identification Number <i>(if issued)</i>	National Provider Identifier
c) Name of Group/Organization	Medicare Identification Number <i>(if issued)</i>	National Provider Identifier
d) Name of Group/Organization	Medicare Identification Number <i>(if issued)</i>	National Provider Identifier
e) Name of Group/Organization	Medicare Identification Number <i>(if issued)</i>	National Provider Identifier

C. Practice Location Information

- If you completed Section 4A, complete Section 4C through Section 17 for your business.
- All locations disclosed on claims forms should be identified in this section as practice locations.
- Complete this section for each of your practice locations where you render services to Medicare beneficiaries. However, you should only report those practice locations within the jurisdiction of the Medicare fee-for-service contractor to which you will submit this application. If you render services in a hospital and/or other health care facility, furnish the name and address of that hospital or facility.
- Each practice location must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box.
- If you only render services in patients' homes (house calls), you may supply your home address in this section if you do not have an office. In Section 4H, explain that this address is for administrative purposes only and that all services are rendered in patients' homes.
- If you render services in a retirement or assisted living community, complete this section with the names, telephone numbers and addresses of those communities.

If you have a CLIA number and/or FDA/Radiology Certification Number for this practice location, provide that information and submit a copy of the most current CLIA and FDA certification for each practice location reported.

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

If you or your organization sees patients in more than one practice location, copy and complete this Section 4C for each location.

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

If you are enrolling for the first time, or if you are adding a new practice location, the date you provide should be the date you saw your first Medicare patient at this location.

Practice Location Name (*"Doing Business As" name if different from Legal Business Name*)

Practice Location Street Address Line 1 (*Street Name and Number – NOT a P.O. Box*)

Practice Location Street Address Line 2 (*Suite, Room, etc.*)

City/Town	State	ZIP Code + 4
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Telephone Number	Fax Number (<i>if applicable</i>)	E-mail Address (<i>if applicable</i>)
------------------	-------------------------------------	---

Medicare Identification Number (<i>if issued</i>)	NPI
---	-----

Date you saw your first Medicare patient at this practice location

Is this practice location a:

- Private practice office setting
- Retirement/assisted living community
- Hospital
- Other health care facility (*Specify*): _____

CLIA Number for this location (<i>if applicable</i>)	FDA/Radiology (Mammography) Certification Number for this location (<i>if issued</i>)
--	---

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

D. Rendering Services In Patients' Homes

List the city/town, State, and ZIP code for all locations where health care services are rendered in patients' homes. If you provide health care services in more than one State and those States are serviced by different Medicare fee-for-service contractors, complete a separate enrollment application (CMS-855I) for each Medicare fee-for-service contractor's jurisdiction.

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

INITIAL REPORTING AND/OR ADDITIONS

If you are reporting or adding an entire State, it is not necessary to report each city/town. Simply check the box below and specify the State.

Entire State of _____

If services are provided in selected cities/towns, provide the locations below. Only list ZIP codes if you are not servicing the entire city/town.

City/Town	State	ZIP Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DELETIONS

If you are deleting an entire State, it is not necessary to report each city/town. Simply check the box below and specify the State.

Entire State of _____

If services are provided in selected cities/towns, provide the locations below. Only list ZIP codes if you are not servicing the entire city/town.

City/Town	State	ZIP Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

E. Where Do You Want Remittance Notices or Special Payments Sent?

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

Medicare will issue payments via electronic funds transfer (EFT). Since payment will be made by EFT, the "Special Payments" address will indicate where all other payment information (e.g., remittance notices, special payments) are sent.

- "Special Payments" address is the same as the practice location (only one address is listed in Section 4C). Skip to Section 4F.
- "Special Payments" address is different than that listed in Section 4C, or multiple locations are listed. Provide address below.

Furnish the address where remittance notices and special payments should be sent for services rendered at the practice location(s) in Section 4C. Note that payments will be made in your name; if an entity is listed in Section 4A of this application, payments will be made in the organization's name.

"Special Payment" Address Line 1 (PO Box or Street Name and Number)

"Special Payment" Address Line 2 (Suite, Room, etc.)

City/Town	State	ZIP Code + 4
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F. Employer ID Number Information

NOTE: If you are a sole proprietor and you want Medicare payments to be reported under your EIN, list it below. Unless indicated in this section, payments will be made to your SSN. You cannot use both an SSN and EIN. You can only use one EIN to bill Medicare.

To qualify for this payment arrangement, you:

- Must be a sole proprietor,
- Cannot reassign all of your Medicare payments, and,
- Want your payments to be made to your EIN. Furnish IRS documentation showing your EIN.

Employer Identification Number (EIN)

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

G. Where Do You Keep Patients' Medical Records?

If the patients' medical records are stored at a location other than the location shown in Section 4C, complete this section with the name and address of the storage location. This includes both current and former patients' records.

Post Office Boxes and drop boxes are not acceptable as physical addresses where patients' records are maintained. The records must be your records, not those of another supplier. If this section is not completed, you are indicating that all records are stored at the practice locations reported in Section 4C.

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

First Medical Record Storage Facility (for current and former patients)

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

Storage Facility Address Line 1 (*Street Name and Number*)

Storage Facility Address Line 2 (*Suite, Room, etc.*)

City/Town	State	ZIP Code + 4
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Second Medical Record Storage Facility (for current and former patients)

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

Storage Facility Address Line 1 (*Street Name and Number*)

Storage Facility Address Line 2 (*Suite, Room, etc.*)

City/Town	State	ZIP Code + 4
-----------	-------	--------------

H. Unique Circumstances

Explain any unique circumstances concerning your practice locations or the method by which you render health care services (e.g., you only render services in patients' homes [house calls only]).

SECTION 5: FOR FUTURE USE (This Section Not Applicable)

SECTION 6: INDIVIDUALS HAVING MANAGING CONTROL

This section captures information about all managing employees. A managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operations of the supplier, either under contract or through some other arrangement, regardless of whether the individual is a W-2 employee of the supplier.

All managing employees at any of your practice locations shown in Section 4 must be reported in this section. If there is more than one managing employee, copy and complete this section as needed.

A. Managing Employee Identifying Information

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

1. First Name	Middle Initial	Last Name	Jr., Sr., etc.
2. Title		Date of Birth (mm/dd/yyyy)	
3. Social Security Number (Required)	Medicare Identification Number (if issued)	NPI (if issued)	

B. Final Adverse History

Complete this section for the individual reported in Section 6A above. If you are changing or adding information, check the "change" box, furnish the effective date, and complete the appropriate fields in this section.

Change Effective Date: _____

1. Has this individual in Section 6A above, under any current or former name or business identity, ever had a final adverse action listed on page 12 of this application imposed against him/her?

YES—Continue Below NO—Skip to Section 8

2. If yes, report each final adverse action, when it occurred, the Federal or State agency or court/administrative body that imposed the action, and the resolution, if any.

Final Adverse Action	Date	Taken By	Resolution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 7: FOR FUTURE USE (This Section Not Applicable)

SECTION 8: BILLING AGENCY INFORMATION

A billing agency is a company or individual that you contract with to prepare and submit your claims. If you use a billing agency, you are responsible for the claims submitted on your behalf.

CHECK HERE If this section does not apply and skip to Section 13.

Billing Agency Name and Address

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

CHECK ONE	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE
DATE (mm/dd/yyyy)			

Legal Business Name *(as Reported to the Internal Revenue Service)*

Tax ID Number or Social Security Number *(required)*

“Doing Business As” Name *(if applicable)*

Billing Agency Address Line 1 *(Street Name and Number)*

Billing Agency Address Line 2 *(Suite, Room, etc.)*

City/Town

State

ZIP Code + 4

Telephone Number

Fax Number *(if applicable)*

E-mail Address *(if applicable)*

SECTION 9: FOR FUTURE USE (This Section Not Applicable)

SECTION 10: FOR FUTURE USE (This Section Not Applicable)

SECTION 11: FOR FUTURE USE (This Section Not Applicable)

SECTION 12: FOR FUTURE USE (This Section Not Applicable)

SECTION 13: CONTACT PERSON

This section captures information regarding the person you would like for us to contact regarding this application. If no one is listed below, we will contact you directly.

First Name	Middle Initial	Last Name	Jr., Sr., etc.
Telephone Number	Fax Number <i>(if applicable)</i>	E-mail Address <i>(if applicable)</i>	
Address Line 1 <i>(Street Name and Number)</i>			
Address Line 2 <i>(Suite, Room, etc.)</i>			
City/Town	State	ZIP Code + 4	

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 1.18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, “knowingly and willfully,” makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program. The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
 - a) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
 - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - c) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of \$5,000 to \$10,000 per violation, plus three times the amount of damages sustained by the Government

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
 - a) was not provided as claimed; and/or
 - b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION (Continued)

6. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any, health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
7. The government may assert common law claims such as “common law fraud,” “money paid by mistake,” and “unjust enrichment.”

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

SECTION 15: CERTIFICATION STATEMENT

As an individual practitioner, you are the only person who can sign this application. The authority to sign the application on your behalf may not be delegated to any other person.

The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to all of the requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met.

Certification Statement

You **MUST** sign and date the certification statement below in order to be enrolled in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

I, the undersigned, certify to the following:

1. I have read the contents of this application, and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the Medicare fee-for-service contractor of this fact immediately.
2. I authorize the Medicare contractor to **verify** the information contained herein. I agree to notify the Medicare contractor of a change in ownership, practice location and/or Final Adverse Action within 30 days of the reportable event. In addition, I agree to notify the Medicare contractor of any other changes to the information to this form within 90 days of the effective date of change. I understand that any change to my status as an individual practitioner may require the submission of a new application. I understand that any change in business structure of this supplier may require the submission of a new application.
3. I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing privileges, and/or the imposition of fines, civil damages, and/or imprisonment.
4. I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to the organization listed in Section 4A of this application. The Medicare laws, regulations, and program instructions are available through the fee-for-service contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the supplier's compliance with all applicable conditions of participation in Medicare.
5. Neither I, nor any managing employee listed on this application, is currently sanctioned, suspended, debarred, or excluded by the Medicare or State Health Care Program, e.g., Medicaid program, or any other Federal program, or is otherwise prohibited from providing services to Medicare or other Federal program beneficiaries.
6. I agree that any existing or future overpayment made to me (or to the organization listed in Section 4A of this application) by the Medicare program may be recouped by Medicare through the withholding of future payments.
7. I understand that the Medicare identification number issued to me can only be used by me or by a provider or supplier to whom I have reassigned my benefits under current Medicare regulations, when billing for services rendered by me.
8. I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
9. I further certify that I am the individual practitioner who is applying for Medicare billing privileges.

SECTION 15: CERTIFICATION STATEMENT (Continued)

First Name	Middle Initial	Last Name	M.D., D.O., etc.
Practitioner Signature (<i>First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.</i>)			Date Signed (<i>mm/dd/yyyy</i>)

All signatures must be original and signed in ink (blue ink preferred). Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.

SECTION 16: FOR FUTURE USE (This Section Not Applicable)

SECTION 17: SUPPORTING DOCUMENTS

This section lists the documents that, if applicable, must be submitted with this enrollment application. For changes, only submit documents that are applicable to the change requested. **The fee-for-service contractor may request, at any time during the enrollment process, documentation to support or validate information reported on the application.**

MANDATORY FOR ALL PROVIDER/SUPPLIER TYPES

- Completed Form CMS-588, for Electronic Funds Transfer Authorization Agreement.
NOTE: If a supplier already receives payments electronically and is not making a change to his/her banking information, the CMS-588 is not required. (Moreover, physicians and non-physician practitioners who are reassigning all of their payments to another entity are not required to submit the CMS-588.)

MANDATORY, IF APPLICABLE

- Copy(s) of all final adverse action documentation (e.g., notifications, resolutions, and reinstatement letters).
- Completed Form CMS-460, Medicare Participating Physician or Supplier Agreement.
- Completed Form CMS-855R, Individual Reassignment of Medicare Benefits.
- Statement in writing from the bank. If Medicare payment due a supplier of services is being sent to a bank (or similar financial institution) where the supplier has a lending relationship (that is, any type of loan), then the supplier must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated to 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.

MEDICARE SUPPLIER ENROLLMENT APPLICATION PRIVACY ACT STATEMENT

The Centers for Medicare and Medicaid Services (CMS) is authorized to collect the information requested on this form by sections 1124(a)(1), 1124A(a)(3), 1128, 1814, 1815, 1833(e), and 1842(r) of the Social Security Act [42 U.S.C. §§ 1320a-3(a)(1), 1320a-7, 1395f, 1395g, 1395l(e), and 1395u(r)] and section 31001(1) of the Debt Collection Improvement Act [31 U.S.C. § 7701(c)].

The purpose of collecting this information is to determine or verify the eligibility of individuals and organizations to enroll in the Medicare program as suppliers of goods and services to Medicare beneficiaries and to assist in the administration of the Medicare program. This information will also be used to ensure that no payments will be made to providers who are excluded from participation in the Medicare program. All information on this form is required, with the exception of those sections marked as "optional" on the form. Without this information, the ability to make payments will be delayed or denied.

The information collected will be entered into the Provider Enrollment, Chain and Ownership System (PECOS), and the system number 09-70-0525 titled Unique Physician/Practitioner Identification Number (UPIN) System (published in Vol. 61 of the Federal Register at page 20,528 (May 7, 1996)). The information in this application will be disclosed according to the routine uses described below.

Information from these systems may be disclosed under specific circumstances to:

1. CMS contractors to carry out Medicare functions, collating or analyzing data, or to detect fraud or abuse;
2. A congressional office from the record of an individual health care provider in response to an inquiry from the congressional office at the written request of that individual health care practitioner;
3. The Railroad Retirement Board to administer provisions of the Railroad Retirement or Social Security Acts;
4. Peer Review Organizations in connection with the review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XVIII of the Social Security Act;
5. To the Department of Justice or an adjudicative body when the agency, an agency employee, or the United States Government is a party to litigation and the use of the information is compatible with the purpose for which the agency collected the information;
6. To the Department of Justice for investigating and prosecuting violations of the Social Security Act, to which criminal penalties are attached;
7. To the American Medical Association (AMA), for the purpose of attempting to identify medical doctors when the Unique Physician Identification Number Registry is unable to establish identity after matching contractor submitted data to the data extract provided by the AMA;
8. An individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, or to the restoration or maintenance of health;
9. Other Federal agencies that administer a Federal health care benefit program to enumerate/enroll providers of medical services or to detect fraud or abuse;
10. State Licensing Boards for review of unethical practices or non-professional conduct;
11. States for the purpose of administration of health care programs; and/or
12. Insurance companies, self insurers, health maintenance organizations, multiple employer trusts, and other health care groups providing health care claims processing, when a link to Medicare or Medicaid claims is established, and data are used solely to process supplier's health care claims.

The enrolling supplier should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

Protection of Proprietary Information

Privileged or confidential commercial or financial information collected in this form is protected from public disclosure by Federal law 5 U.S.C. § 552(b)(4) and Executive Order 12600.

Protection of Confidential Commercial and/or Sensitive Personal Information

If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.

ENCL (4)

Date of letter

Name of Carrier or A/B MAC
Address of Medicare Fee for service provider
Attn: Director, Provider Enrollment

Director:

This is to inform you that I am a Department of Defense eligible professional enrolling in Medicare for the sole purpose of ordering and referring items or services for Medicare beneficiaries. I will not be submitting claims to Medicare nor will I be paid by Medicare for services furnished to Medicare beneficiaries. I am following the directions provided by the Centers for Medicare/Medicaid to DoD to enroll in Medicare to order and refer.

Sincerely

Enclosure (4)