

OMB Approval No. 0938-0685

1. General Application Information (Continued)	
<b>D. Consolidations (including the CHOW)</b> <b>Effective Date of Consolidation:</b> _____	
All currently enrolled providers that are consolidating with other currently enrolled providers must complete this section with information about all the providers involved. This section is only to be completed when the consolidation of two or more providers results in an entirely new provider and the issuance of a new Medicare provider number. For each provider, furnish the following information: legal business name, tax identification number, current fiscal intermediary, Medicare identification number, and all sub-units of each provider. For each sub-unit, furnish the Medicare identification number and indicate which sub-units will remain active. In addition, complete Section 1D3 with identifying information about the newly created provider. If there are more than two consolidating providers, copy and complete this section as needed.	
<b>1. 1<sup>st</sup> Consolidating Provider</b>	
This section is to be completed with information about the 1 <sup>st</sup> currently enrolled provider that, as a result of this consolidation, will no longer retain its current Medicare provider number.	
a) Legal Business Name of the Provider Organization as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number
c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.	
Name/Department:	Medicare Identification Number:
_____	_____
_____	_____
_____	_____
_____	_____
<b>2. 2<sup>nd</sup> Consolidating Provider</b>	
This section is to be completed with information about the 2 <sup>nd</sup> currently enrolled provider that, as a result of this consolidation, will also no longer retain its current Medicare provider number.	
a) Legal Business Name of the Provider Organization as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number
c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.	
Name/Department:	Medicare Identification Number:
_____	_____
_____	_____
_____	_____
_____	_____
<b>3. Newly Created Provider Identification Information</b>	
Complete this section with identifying information about the newly created provider resulting from this consolidation.	
a) Legal Business Name of the new Provider as Reported to the IRS	Tax Identification Number
b) Fiscal Intermediary Preference	