

OMB Approval No. 0938-0685

Practice Location Information (continued)

1. Furnish the name the provider uses at this practice location and the date the provider started rendering services at this location.
2. Furnish a complete street address, telephone number, fax number, and e-mail address (if applicable) for the provider's practice/business location.

The address must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box. If the provider renders services in a hospital and/or other health care facility for which it bills Medicare directly for the services furnished at that facility, furnish the name and address of that hospital or facility. Do not furnish the provider's billing agency information anywhere in this section. The fax number and e-mail addresses are optional.

3. This question is to be completed by providers that indicated that they are a hospital in Section 2A1. Indicate if the practice location shown in Section 4A is an address where inpatient services are furnished.
4. Indicate whether the provider owns/leases the practice location.
5. Report any CLIA number(s) and/or FDA/Radiology (Mammography) Certification Number(s) that have been issued to this provider for this practice location for which the provider will be billing for these types of services. Submit copies of all current valid certificates with this application.
6. This question is to be completed by providers that indicated that they are a home health agency in Section 2A1. HHA's must report all branch office locations as separate practice locations. If the branch office has been issued a Medicare identification number, furnish it in the space provided.

B. Mobile Facility and/or Portable Units

To properly pay claims, Medicare must be able to distinguish when services are provided in a mobile facility or with portable units. If the provider has a mobile facility or portable unit, provide this information in this section. A "mobile facility" is generally a mobile home, trailer, or other large vehicle that has been converted, equipped, and licensed to render health care services. These vehicles usually travel to local shopping centers or community centers to see and treat patients inside the vehicle. A "portable unit" is when the provider transports medical equipment to a fixed location (e.g., physician's office, nursing home) to render service to the patient.

- State whether or not this provider furnishes services in or from a mobile facility or portable unit. If "Yes," use Sections 4C through 4E to furnish information about the mobile/portable services.

C. Base of Operations Address - Check the appropriate box to indicate whether the provider is using this section to add a new mobile/portable practice location, delete a mobile/portable practice location, or change information about an existing mobile/portable practice location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

- If the base of operations address is the same as the practice location reported above in Section 4A1, check the box and skip to Section 4D.
1. Provide the base of operations name and the date the provider started practicing from this location.
 2. Provide the address from where personnel are dispatched, where mobile/portable equipment is stored and, when applicable, where vehicles are parked when not in use. Provide the telephone number, fax number and e-mail address (if applicable) for this base of operations location.

D. Vehicle Information - Check the appropriate box to indicate whether the provider is using this section to add a vehicle, delete a vehicle, or change information about a vehicle. Provide the effective date of the change, and sign and date the certification statement. Otherwise:

- 1.-3. Furnish the type of vehicle and the vehicle identification number. A copy of all health care related permit(s), license(s), and registration(s) must be submitted for each vehicle reported.

This section is to provide us with information about the mobile unit when the services are rendered in or from the vehicle. Do not furnish information about the vehicle(s) that are used only to transport medical equipment (e.g., when the equipment is transported in a van but is used in a fixed setting, such as a doctor's office) or ambulance vehicles.