

OMB Approval No. 0938-0685

- E. Geographic Location where the Base of Operations and/or Vehicle Renders Services** - This section is to be completed by all **Home Health Agencies**, **Hospice Organizations**, and **Mobile** and/or **Portable** facilities with information identifying the geographic area(s) where health care services are rendered.

Check the appropriate box when the provider is using this section to add a geographic location or delete a geographic location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Initial Reporting and/or Additions

- The provider should furnish the county/parish, city, State and ZIP Code for all locations at which it will render services to Medicare beneficiaries in or from its mobile facility or portable unit. For those mobile facilities or portable units that travel across State lines, and when those States are serviced by different Medicare contractors (fiscal intermediaries), then the provider must complete a separate CMS 855A enrollment application for each Medicare contractor jurisdiction.

2. Deletions

- If deleting a location where mobile or portable services were provided, indicate the county/parish, city, State, and ZIP Code of the location being deleted.

- F. Medicare Payment "Pay To" Address** - The provider must indicate where it wants its Medicare payments to be sent. Check the box "Change" only if reporting a change to existing information. Provide the date of that change, and sign and date the certification statement. Otherwise:

- Provide the P.O. Box or street address, city, State and ZIP Code for the address where payments are to be sent.

The ability to establish more than one "pay to" address will be addressed by the provider's fiscal intermediary. Some Medicare fiscal intermediaries do not allow multiple payment addresses. Payment will be made in the provider's "legal business name" as shown in Section 2B1.

- The "Pay To" address is not the same address used for Electronic Funds Transfers. If the provider would like payments to be deposited in its bank account electronically, place a check in the box given and complete the form "Medicare Authorization Agreement for Electronic Funds Transfers (Form HCFA-588).
- If payment will be made by electronic funds transfer, the "Pay To" address should indicate where the provider wants other financial or payment information sent.

- G. Location of Patients' Medical Records** - Check the appropriate box if using this section to add a new location where patients' records are kept, delete a location, or change information about an existing location. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. If all of the provider's patients' medical records are stored at the practice location shown in Section 4A or the base of operations shown in Section 4C, check the box provided and skip this section.
2. If any of the provider's patients' medical records are stored at a location other than the practice location shown in Section 4A or the base of operations shown in Section 4C, this section must be completed with a complete address of the storage location.

Post Office Boxes and drop boxes are not acceptable as physical addresses where patients' medical records are maintained. For IDTFs and mobile facilities/portable units, the patients' medical records must be under the provider's control. The records must be the provider's records, not the records of another provider/supplier.