

4. Practice Location (Continued)**E. Geographic Location** ☐ **Add** ☐ **Delete** **Effective Date:** _____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.

Furnish the county/parish, city, State and ZIP Code for all locations where mobile and/or portable services are rendered.

Note: If this provider renders mobile health care services in more than one State, and those States are served by different Medicare contractors, then a separate CMS 855A enrollment application must be completed for each Medicare contractor jurisdiction.**1. Initial Reporting and/or Additions:**

County/Parish:	City:	State:	ZIP Code(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Deletions:

County/Parish:	City:	State:	ZIP Code(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Medicare Payment "Pay To" Address ☐ **Change** **Effective Date:** _____**Check here** ☐ **and complete and submit Form HCFA-588 with this application if the provider would like its payments electronically transferred to its bank account.**

Furnish the address where payments should be sent for services rendered at the practice location in Section 4A or 4C.

"Pay To" Address (Organization or Individual Name)

"Pay To" Address Line 1 (Street Name and Number)

"Pay To" Address Line 2 (Suite, Room, etc.)

City	State	ZIP Code + 4
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G. Location of Patients' Medical Records ☐ **Add** ☐ **Delete** ☐ **Change** **Effective Date:** _____**1. Check here** ☐ **if all patients' medical records are stored at the location shown in Section 4A or 4C, and skip this section.****2. If any of the patients' medical records are stored in a location other than the location shown in Section 4A or 4C, complete this section with the name and address of the storage location.**

Name of Storage Facility/Location

Storage Facility Address Line 1 (Street Name and Number)

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

City	State	ZIP Code + 4
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