

OMB Approval No. 0938-0685

8. Billing Agency

This section is to be completed with information about all billing agencies this provider uses or contracts with that submit claims to Medicare on the provider's behalf. If more than one billing agency is used, copy and complete this section for each. The provider may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information in this section.

A. Check here ☐ if this section does not apply and skip to Section 10.

B. Billing Agency Name and Address ☐ Add ☐ Delete ☐ Change **Effective Date:** _____

1. Legal Business Name as Reported to the IRS		Tax Identification Number
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1		
Business Street Address Line 2		
City	State	ZIP Code + 4
Telephone Number () () ()	(Ext.) () ()	Fax Number (if applicable) () () ()
E-mail Address (if applicable)		

C. Billing Agreement/Contract Information ☐ Change **Effective Date:** _____

Answer the following questions about the provider's agreement/contract with the above billing agency.

1. Does the provider have unrestricted access to its Medicare remittance notices? ☐ YES ☐ NO
2. Does the provider's Medicare payment go directly to the provider? ☐ YES ☐ NO
 IF NO, proceed to Question 3.
 IF YES, skip Questions 3, 4 and 5.
3. Does the provider's Medicare payment go directly to a bank? ☐ YES ☐ NO
 IF NO, proceed to Question 4.
 IF YES, answer the following questions and skip Questions 4 and 5.
 - a) Is the bank account only in the name of the provider? ☐ YES ☐ NO
 - b) Does the provider have unrestricted access to the bank account and statements? ☐ YES ☐ NO
 - c) Does the bank only answer to the provider regarding what the provider wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO
4. Does the provider's Medicare payment go directly to the billing agent? ☐ YES ☐ NO
 IF NO, proceed to Question 5.
 IF YES, answer the following question and skip Question 4.
 - a) Does the billing agent cash the provider's check? ☐ YES ☐ NO
 IF NO, proceed to Question b.
 IF YES, are all of the following conditions included in the billing agreement?
 - 1) The agent receives payment under an agency agreement with the provider. ☐ YES ☐ NO
 - 2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
 - 3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
 - 4) The agent acts under payment disposition instructions that the provider may modify or revoke at any time. ☐ YES ☐ NO
 - 5) In receiving payment, the agent acts only on behalf of the provider (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
 - b) Does the billing agent either give the Medicare payment directly to this provider or deposit the payment into this provider's bank account? ☐ YES ☐ NO
5. Who receives the provider's Medicare payment? _____