

OMB Approval No. 0938-0685

**SECTION 9: FUTURE USE**

This section is being reserved for possible future use.

**SECTION 10: STAFFING COMPANY**

The purpose of collecting this data is to develop effective internal controls to promote adherence to applicable Federal and State laws.

A staffing company is an organization that contracts with health care professionals to furnish health care at medical facilities (such as hospital emergency rooms) where it is also under contract (or some similar agreement) to furnish such. A staffing company cannot bill Medicare in the staffing company's name for medical services or supplies furnished under this arrangement. If the provider has an agreement/contract with a staffing company to furnish services to Medicare beneficiaries, complete this section. At any time, the fiscal intermediary may request a copy of the agreement/contract signed by the provider and the staffing company.

**NOTE:** If the provider uses a staffing company but the individual physicians or non-physician practitioners reassign their benefits directly to the provider this section does not need to be completed. If the staffing company acts as the billing agent for the physicians or non-physician practitioners it should be reported in Section 8.

**A. Check Box** - If the provider does not use a staffing company, check the box provided and skip to Section 11.

**B. 1<sup>st</sup> Staffing Company Name and Address** - Indicate if this provider is making a change concerning its relationship with a staffing company by checking the appropriate box "add," "delete," or "change." Provide the new information and the effective date of the change, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the staffing company.
2. If applicable, furnish the staffing company's "doing business as" (DBA) name. If the reported staffing company uses more than one DBA name with this provider, report all that apply for Medicare claims.
3. Furnish the complete mailing address, telephone number, fax number and e-mail address for the staffing company.

**C. 1<sup>st</sup> Staffing Company Contract/Agreement Information** - The enrolling provider must respond to the questions listed to verify that it fully understands and comprehends its contract and that it plans to adhere to all Medicare laws, regulations, and program instructions. At any time, the fiscal intermediary or carrier can request a copy of the agreement/contract signed by the provider and the staffing company.

**D-E. 2<sup>nd</sup> Staffing Company** - Sections D and E are to be used to report information on a 2<sup>nd</sup> staffing company that the provider may be working for (or under contract with) to provide medical services. See instructions for Sections B and C above.