

**INSTRUCTIONS FOR HEALTH CARE SUPPLIERS**  
**THAT WILL BILL MEDICARE CARRIERS**

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information may cause the application to be returned and may delay the enrollment process. Certain sections of the application have been omitted because they do not apply to suppliers. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at <http://www.cms.hhs.gov>. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever additional information needs to be reported within a section, copy and complete that section for each additional entry. We strongly suggest maintaining a photocopy of this completed application and supporting documents for future reference.

This application is to be completed by all suppliers that will bill Medicare carriers for medical services provided to Medicare beneficiaries. Failure to promptly submit a completed form CMS 855B to the carrier will result in delays in obtaining enrollment and billing privileges.

This form is also used to enroll physician(s), non-physician practitioner(s) and other health care providers/suppliers who form a practice together and bill Medicare as a single supplier. This includes incorporated individuals, partnerships, groups, organizations and corporations, hereafter referred to as "organizations." An individual whose business is incorporated, has received a tax identification number for the business, and receives Medicare payment in the name of the business would qualify as an organization. Partnership agreements may be requested by the carrier on an "as needed" basis to determine if the partnership meets State requirements. If a supplier has individual practitioners, each member of the supplier must receive his or her own Unique Physician Identification Number (UPIN) and enroll as an individual (using the Application for Individual Health Care Practitioners, CMS 855I). Once the individual practitioner is enrolled, he/she can enroll as a member of an organization. When joining an organization every member of the organization must complete a copy of the CMS 855R (Individual Reassignment of Benefits).

In addition to completing this enrollment application, the supplier may wish to submit additional forms in the following situations:

- To accept assignment of the Medicare Part B payment for all services the supplier renders, the organization should complete the form "Medicare Participating Physician or Supplier Agreement" (Form HCFA-460).
- To have Medicare payments sent electronically to a supplier's bank account, the supplier should complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588).

If the supplier plans to do any of the above, submit the appropriate form(s)/agreement(s) with this application. The forms should have been received with this initial enrollment package. If not, they can be obtained from the Medicare carrier or the forms can be found at the Medicare website at <http://www.cms.hhs.gov>.

To reduce the burden of furnishing certain types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the carrier may request documentation at any time during the enrollment process to support or validate information that is reported in this application. Some examples of documents that may be requested for validation purposes are billing agreements, IRS W-2 forms, pay stubs, articles of incorporation, and partnership agreements.