

OMB Approval No. 0938-0685

**Change of Ownership (Hospitals, Portable X-Ray Facilities, and Ambulatory Surgical Centers) - Only**

- When a hospital undergoes a change of ownership (CHOW), in addition to the required submission of a CMS 855A, the hospital must also submit a new CMS 855B for the new ownership.
  - When a portable x-ray facility or ambulatory surgical center undergoes a change of ownership that results in the issuance of a new tax identification number (TIN), the new owners must submit a completed CMS 855B and attach a copy of the sales agreement.
2. Tax Identification Number (TIN) - Provide the supplier's taxpayer identification number (e.g., the number the supplier uses to report tax information to the IRS) and attach documentation (e.g., a copy of the IRS CP-575) from the IRS showing that the name matches that reported in this application. If the supplier does not have an IRS CP-575, any legal document from the IRS that shows the supplier's name and TIN will be acceptable proof. Upon request, the IRS will provide a Form 147C showing the supplier's name and TIN.

**NOTE:** An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the supplier cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents that confirm the identification of the supplier or owner as applicable (e.g., if the supplier recently changed its name and the IRS has not sent it an updated document). The supplier may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

3. Indicate whether the supplier is currently enrolled in the Medicare program. If the supplier is currently enrolled in Medicare (i.e., within another carrier's jurisdiction) provide the name of the carrier in this space. The supplier must also provide its Medicare identification number in the space provided. This number is issued by Medicare to identify the supplier. It is also the number used on claims forms and may be referred to as a Medicare provider number, provider identification number, or National Supplier Clearinghouse number. Report all currently active numbers.
4. Indicate if this supplier would like to submit claims electronically. If the supplier would like to submit claims electronically once enrolled in the Medicare program, the supplier will need to complete an Electronic Data Interchange (EDI) agreement with the local Medicare carrier. Checking this box will alert the carrier to contact their claims processing department. The claims processing department will contact the supplier to process an EDI agreement once its enrollment has been completed, approved, and a Medicare billing number issued to the supplier. These agreements cannot be established until the enrollment process has been completed and a Medicare billing number has been issued.

**NOTE: Rural Health Clinics** – If this supplier is a rural health clinic enrolling for a Part-B carrier billing number, check “Yes” in the box provided and furnish the rural health clinics’ fiscal intermediary name and OSCAR number in the spaces provided.

If the supplier does not currently have a Medicare identification number, it will be assigned one upon the successful completion of enrollment. Your local carrier will assign a separate supplier identification number. The carrier will explain what number(s) has been issued and how it is to be used. If the carrier should contact the supplier for additional information, the supplier must provide the information immediately to ensure the timely processing of this application.