

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PROVIDER/SUPPLIER ENROLLMENT APPLICATION**Application for Health Care Suppliers that will Bill Medicare Carriers****General Instructions**

The Medicare Federal Health Care Provider/Supplier Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are only paid to qualified health care suppliers, and that the amounts of the payments are correct. This information will also identify whether the supplier is qualified to render health care services to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the supplier that is seeking billing privileges in the Medicare program. If enrolling in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) do not complete this application. DMEPOS suppliers should contact the National Supplier Clearinghouse (NSC) at 866-238-9652 to obtain a CMS 855S for Medicare enrollment.

Medicare needs to know: (1) the type of health care supplier enrolling, (2) what qualifies this supplier to furnish health care related services, (3) where and how this supplier intends to render these services, and (4) those persons or entities with an ownership interest, or managerial control, as defined in this application, over the supplier.

This application **MUST** be completed in its entirety, unless the appropriate box is checked to indicate the section does not apply or when reporting a change to previously submitted information. If a section does not apply to this supplier, check (✓) the appropriate box in that section and skip to the next section. Sections 7, 9, 11, and 12 have been deliberately omitted from this application because they are not applicable to the enrollment of suppliers that bill Medicare carriers.

1. General Application Information

This section is to be completed with general information as to why this application is being submitted and whether this supplier currently has a business relationship with Medicare or any another Federal health care program.

To ensure timely processing of this application, Numbers 1, 2 and 3 below MUST ALWAYS be completed.

A. Reason for Submittal of this Application

1. Check one: ☐ Initial Enrollment ☐ Reactivation ☐ Revalidation
- ☐ Change of Information (Check appropriate Section(s) below and furnish this supplier's Medicare Identification Number here): _____
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 10 ☐ 13 ☐ 15 ☐ 16
Attachment 1 - ☐ 1 ☐ 2 ☐ 3 Attachment 2 - ☐ 1 ☐ 2 ☐ 3 ☐ 4
- ☐ Voluntary Termination of Billing Number—Effective Date (MM/DD/YYYY): _____
Medicare Billing Number to be Terminated: _____
- ☐ Change of Ownership (Hospitals, Portable X-Ray Facilities, and Ambulatory Surgical Centers) - **Only**

2. Tax Identification Number: _____

3. Is this supplier currently enrolled in the Medicare program? ☐ YES ☐ NO
IF YES, furnish the following information about the current carrier:

Current Carrier Name: _____ Current Medicare Identification Number or NPI: _____

4. Check here ☐ if this supplier would like to submit claims electronically and is enrolling in Medicare for the first time.