

OMB Approval No. 0938-0685

**C. Correspondence Address** - Check the box "Change" only if reporting a change to existing information. Provide the new information and the effective date of that change, and sign and date the certification statement. Otherwise:

- **Furnish an address and telephone number where Medicare or the Medicare carrier can directly get in touch with the enrolling supplier.**

**NOTE:** This section will assist us in contacting the supplier with any questions we have concerning its business relationship with the Medicare program. The supplier must provide an address and telephone number where Medicare or the carrier can directly contact it to resolve any personal or business issues that arise as a result of its enrollment in the Medicare program. This data will also be used to provide the supplier with important changes or other information concerning the Medicare program that may directly affect the supplier and/or its Medicare payment. This address **cannot** be that of the billing agency, management service organization, or staffing company. If we suspect that the supplier's billing number is being misused, or if we have a legal question, we will contact the supplier directly. This is to protect the supplier as well as the Medicare program.

**D. Accreditation (Ambulatory Surgical Centers (ASCs) ONLY)** - Check the box "Change" only if reporting a change to existing information. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Indicate whether this ASC is accredited by any accrediting organization that Medicare has approved for acceptance in lieu of a State Survey. If "Yes:"
2. Furnish the date accreditation was received, and
3. Furnish the name of the Medicare-approved accrediting body or organization.

**E. Hospitals and Other Providers Enrolled with a Fiscal Intermediary (Only)** - This section is **only** to be completed by hospitals and certain other provider organizations that are currently enrolled or enrolling with a fiscal intermediary. Generally, this applies to hospitals that need departmental billing numbers to bill for Part B practitioner services. Hospitals requiring a Part B billing number to sell pathology services should also complete this section. If the hospital requires more than one departmental Part B billing number list each department needing a number. If the provider is other than a hospital, or is also enrolled or enrolling with a fiscal intermediary, and believes it needs or will need a Part B billing number, contact the local carrier to determine if this form should be submitted. Otherwise:

- Furnish the department name(s) and/or type(s) of service this provider will render that require a Part B Medicare supplier billing number from the local Medicare carrier.

**NOTE: Provider-Based Clinic** - A hospital that is enrolling a clinic that is not provider-based should not complete this section. They should check "Multi-Specialty Clinic or Group Practice" in Section 2A1 on page 9 and complete this entire application for the clinic.

**F. Suppliers Employing Physician Assistants (Only)** - This section is to be completed by all supplier groups/clinics who need to delete physician assistants (PAs) from the practice when they are no longer employed by the practice.

- Check the delete box and provide the effective date of the deletion and the name and Medicare identification number of the PA.

**NOTE:** Supplier groups/clinics should not use or submit the CMS 855R form to report physician assistants. The CMS 855R is only used to reassign benefits that would otherwise be paid directly to a practitioner.

**G. Comments** - This section is to be used as an opportunity to explain any unique or unusual circumstances concerning the supplier's practice location(s), the method by which the supplier renders health care services, or any special billing number requirements.