

OMB Approval No. 0938-0685

2. Supplier Identification (Continued)			
D. Accreditation (Ambulatory Surgical Centers (ASCs) ONLY)		<input type="checkbox"/> Change	Effective Date: _____
1. Is this supplier accredited?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	
IF YES, complete the following:			
2. Date of Accreditation (MM/DD/YYYY): _____			
3. Name of Accrediting Body: _____			
E. Hospitals and Other Providers Enrolled with a Fiscal Intermediary (ONLY)			
This section is only to be completed by hospitals and other providers currently enrolled or enrolling with a Medicare fiscal intermediary for Part A services and only if this provider needs to obtain a Part B supplier billing number from the local Medical carrier to bill for practitioner services. See instructions before completing this section.			
List department or service requiring a Part B Medicare carrier billing number below:			
F. Suppliers Employing Physician Assistants (Only)			
This section is to be completed by any supplier group/clinic when deleting employed physician assistants from the practice.			
<u>Delete</u>	<u>Date</u>	<u>Physician Assistant Name</u>	<u>Medicare Identification Number</u>
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
G. Comments			
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.			