

**SECTION 4: CURRENT PRACTICE LOCATION(S)**

**A. Practice Location Information** - Check the appropriate box if the supplier is using this section to add a new practice location, delete a practice location, or change information about an existing practice location. Provide the new information, the effective date of that change, and sign and date the certification statement. Otherwise:

1. Furnish the name of the business at this practice location and furnish the date the supplier started rendering services at this location.

**NOTE:** Only report those practice locations within the Medicare carrier's jurisdiction where the supplier will be submitting this application. If the supplier has practice locations in more than one Medicare carrier's jurisdiction, a separate CMS 855B must be completed for those practice locations and submitted to the Medicare carrier that has jurisdiction over those locations.

2. Provide a complete street address, telephone number, fax number, and e-mail address (if applicable) for the supplier's practice/business location.

**NOTE:** The address must be a specific street address as recorded by the United States Postal Service. Do not furnish a P.O. Box. If the supplier renders services in a hospital and/or other health care facility for which it bills Medicare directly for the services rendered at that facility, furnish the name and address of the hospital or facility. Do not provide the billing agency's information anywhere in this section. The fax and e-mail addresses are optional.

**NOTE: Managed Care Plan** – Managed care organizations (including Medicare + Choice Organizations), that have contracts with Medicare are only required to provide county/parish, State, and Zip Code.

3. Indicate whether the supplier owns or leases the practice location.
4. Indicate whether this address is that of a hospital, retirement/assisted living community, group practice office/clinic, or other health care facility. Please specify the location if it does not fall within one of these categories.
5. Report any CLIA number(s) and/or FDA/Radiology (Mammography) Certification Number(s) that have been issued to this practice location and which this supplier will be billing for these types of services.

A copy of the most current CLIA and FDA certifications for each of the practice locations reported must be submitted with this application. Do not report certificate information that was not issued under this tax identification number.

The supplier may receive more than one supplier identification number depending upon which "physician fee locality" the practice is located. The local Medicare carrier will determine whether more than one Medicare billing number will be issued.

**B. Mobile Facility and/or Portable Units**

To properly pay claims, Medicare must be able to determine when services are provided in a mobile facility or with portable units. If the supplier has a mobile facility or portable unit, provide this information in this section. A "mobile facility" is generally a mobile home, trailer, or other large vehicle that has been converted, equipped, and licensed to render health care services. These vehicles usually travel to local shopping centers or community centers to see and treat patients inside the vehicle. A "portable unit" is when the supplier transports medical equipment to a fixed location (e.g., physician's office, nursing home) to render services to the patient.

- State whether or not the supplier furnishes services in or from a mobile facility or portable unit. If "Yes," use Sections 4C through 4E to furnish information about the mobile/portable services.