

☐ Add ☐ Delete **Effective Date:** _____

Note: If this supplier renders mobile health care services in more than one State, and those States are served by different Medicare contractors, a separate CMS 855B enrollment application must be completed for each Medicare contractor jurisdiction.

[illegible]

County/Parish:	City:	State:	ZIP Code(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

City	State	ZIP Code + 4
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City	State	ZIP Code + 4
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