

OMB Approval No. 0938-0685

#### **SECTION 7: CHAIN HOME OFFICE INFORMATION**

This section has been intentionally omitted.

#### **SECTION 8: BILLING AGENCY**

The purpose of collecting this information is to develop effective monitoring of agents/agencies that prepare and/or submit claims to bill the Medicare program on behalf of the supplier. A billing agency is a company or individual that the supplier hires or contracts with to furnish claims processing functions for its business locations. Any entity that meets this description must be reported in this section.

**A. Check Box** - If this supplier does not use a billing agency, check the box and skip to Section 10.

**B. Billing Agency Name and Address** - If reporting a change to information about a previously reported billing agency, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the name and tax identification number of the billing agency.
2. Furnish the "doing business as" name of the billing agency.
3. Furnish the complete address and telephone number of the billing agency.

**C. Billing Agreement/Contract Information** - If reporting a change to existing information about a previously reported billing agreement/contract, check "Change," provide the effective date of the change, complete this entire questionnaire, and sign and date the certification statement. Otherwise:

The supplier that is enrolling is responsible for responding to the questions listed.

These questions are designed to show that the supplier fully understands and comprehends its billing agreement and that it intends to adhere to all Medicare laws, regulations, and program instructions. At any time, the Medicare contractor or CMS may request copies of all agreements/contracts associated with this billing agency.