

OMB Approval No. 0938-0685

7. Chain Home Office Information**This Section Not Applicable****8. Billing Agency**

This section is to be completed with information about all billing agencies this supplier uses or contracts with that submit claims to Medicare on behalf of the supplier. If more than one billing agency is used, copy and complete this section for each. The supplier may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information furnished in this section.

A. Check here ☐ if this section does not apply and skip to Section 10.

B. Billing Agency Name and Address ☐ Add ☐ Delete ☐ Change **Effective Date:** _____

1. Legal Business Name as Reported to the IRS		Tax Identification Number
2. "Doing Business As" Name (if applicable)		
3. Business Street Address Line 1 (Street Name and Number)		
Business Street Address Line 2 (Suite, Room, etc.)		
City	State	ZIP Code + 4
Telephone Number () ()	(Ext.) () ()	Fax Number (if applicable) () ()
E-mail Address (if applicable)		

C. Billing Agreement/Contract Information ☐ Change **Effective Date:** _____

Answer the following questions about the supplier's agreement/contract with the above billing agency.

1. Does the supplier have unrestricted access to its Medicare remittance notices? ☐ YES ☐ NO
2. Does the supplier's Medicare payment go directly to the supplier? ☐ YES ☐ NO
IF NO, proceed to Question 3.
IF YES, skip Questions 3, 4 and 5.
3. Does the supplier's Medicare payment go directly to a bank? ☐ YES ☐ NO
IF NO, proceed to Question 4.
IF YES, answer the following questions and skip Questions 4 and 5.
 - a) Is the bank account only in the name of the supplier? ☐ YES ☐ NO
 - b) Does the supplier have unrestricted access to the bank account and statements? ☐ YES ☐ NO
 - c) Does the bank only answer to the supplier regarding what the supplier wants from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO
4. Does the supplier's Medicare payment go directly to the billing agent? ☐ YES ☐ NO
IF NO, proceed to Question 5.
IF YES, answer the following question and skip Question 5.
 - a) Does the billing agent cash the supplier's check? ☐ YES ☐ NO
IF NO, proceed to Question b.
IF YES, are all of the following conditions included in the billing agreement?
 - 1) The agent receives payment under an agency agreement with the supplier. ☐ YES ☐ NO
 - 2) The agent's compensation is not related in any way to the dollar amounts billed or collected. ☐ YES ☐ NO
 - 3) The agent's compensation is not dependent upon the actual collection of payment. ☐ YES ☐ NO
 - 4) The agent acts under payment disposition instructions that the supplier may modify or revoke at any time. ☐ YES ☐ NO
 - 5) In receiving payment, the agent acts only on behalf of the supplier (except insofar as the agent uses part of that payment as compensation for the agent's billing and collection services). ☐ YES ☐ NO
 - b) Does the billing agent either give the Medicare payment directly to this supplier or deposit the payment into this supplier's bank account? ☐ YES ☐ NO
5. Who receives the supplier's Medicare payment? _____