

OMB Approval No. 0938-0685

Attachment 1

AMBULANCE SERVICE SUPPLIERS

All ambulance service suppliers enrolling in the Medicare program must complete this attachment. For further information concerning Medicare requirements for ambulance service suppliers, review 42 CFR 410.40, 410.41, and 414.605.

SECTION 1: STATE LICENSE INFORMATION

This section is to be completed with information about the geographic area in which this company furnishes ambulance services. When applicable, State license information, as well as a copy of the license itself, must be submitted with this application.

- A. Geographic Service Area** - Check the appropriate box when the ambulance company is using this section to add or delete a geographic location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise:

1. Initial Reporting and/or Additions - For initial enrollment, report all geographic areas where services are provided. Furnish the county/parish, city, State and ZIP Code for all geographic locations.

NOTE: If the ambulance company renders services in more than one State, and those States are serviced by different Medicare contractors (carriers), the supplier must complete a separate CMS 855B enrollment application for each Medicare contractor jurisdiction.

2. Deletions - If deleting a location where ambulance services were provided, indicate the county/parish, city, State, and ZIP Code of the location being deleted.

- B. State License Information** - Check the appropriate box to indicate whether the ambulance company is using this section to add, delete, or change information about the supplier's State license. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Indicate whether the ambulance company has been licensed in the State where services are rendered.
2. If the enrolling ambulance company is not licensed by the State, explain why in the space provided.
3. If the answer is "Yes," provide all requested licensing information and attach a copy of the license. The effective date and expiration date must be stated on the license. Claims will be paid based on these dates. The enrolling supplier must provide the Medicare contractor with a copy of the license each time it is renewed in order to receive payment after the expiration date of the current license.

- C. Paramedic Intercept Services Information** - Check the appropriate box to indicate a change from the information currently on file. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

- Answer "Yes" or "No" to the question about paramedic intercept services. This question is necessary for billing purposes to correctly identify any paramedic intercept services relationships.

Paramedic Intercept Services involve an arrangement between a BLS ambulance company and an ALS ambulance company whereby the latter provides the ALS services and the BLS ambulance company provides the transportation component. If such an arrangement exists between the enrolling ambulance company and another ambulance company, the enrolling ambulance company must attach a copy of the signed contract(s). For more information, see 42 CFR 410.40.