

OMB Approval No. 0938-0685

**INDIVIDUAL HEALTH CARE PRACTITIONER INSTRUCTIONS**

Please be sure to **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information might cause your application to be returned and may delay your enrollment. Certain sections of the application have been omitted because they do not apply to individual practitioners. See inside front cover for mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare website at <http://www.cms.hhs.gov>. These electronic forms may be downloaded to your computer, completed on screen, printed, signed, and mailed to the appropriate Medicare contractor.

Whenever you need to report additional information within a section, copy and complete that section for each additional entry. We strongly suggest that you keep a photocopy of your completed application and all supporting documents for future reference.

All physicians and non-physician practitioners who render medical services to Medicare beneficiaries and submit claims for the services rendered must complete this application. This form (CMS 855I for Individual Health Care Practitioners) is to report your personal information. If you plan to provide services as part of an organization to which you will reassign your benefits, you must also complete and submit a CMS 855R (Application for the Reassignment of Medicare Benefits) with this application. For each organization you join, you must complete and submit a separate CMS 855R to officially reassign your benefits to that organization. If you are terminating your association with an organization, use the CMS 855R to indicate that change. If you plan to render all of your services in a group setting, you will complete up to Section 4 of this application and then skip to Sections 13 through 17.

In addition to completing this enrollment application (CMS 855I), you may wish to complete and submit additional forms in the following situations:

- To accept assignment of the Medicare Part B payment for your services, complete the form "Medicare Participating Physician or Supplier Agreement" (Form HCFA-460).
- To have Medicare payments sent electronically to your bank account, complete the form "Medicare Authorization Agreement for Electronic Funds Transfers" (Form HCFA-588).

If you plan to do any of the above, submit the appropriate form(s)/agreement(s) with your application. The forms should have been received with this initial enrollment package. If you did not receive them, you can obtain the forms from the Medicare carrier or the forms can be found at <http://www.cms.hhs.gov>.

**DEFINITIONS OF MEDICARE ENROLLMENT TERMINOLOGY**

To help understand certain terms used throughout the application, we have included the following definitions:

**Billing Agency**-A company that you contract with to furnish claims processing functions for your practice.

**Carrier**-The Part B Medicare claims processing contractor.

**Legal Business Name**-The name you use when reporting to the Internal Revenue Service (IRS) for tax purposes.

**Medicare Identification Number**-This is a generic term for any number that uniquely identifies the enrolling practitioner. Examples of Medicare identification numbers are Unique Physician/Practitioner Identification Number (UPIN), National Provider Identifier (NPI), National Supplier Clearinghouse (NSC) number and Provider Identification number (PIN).

**Provider Identification Number (PIN)**-This number is assigned to providers, suppliers, groups and organizations in Medicare Part B. This number will identify who provided the service to the beneficiary on the Medicare claim form.

**Tax Identification Number (TIN)**-This is the number issued by the Internal Revenue Service (IRS) that the individual practitioner uses to report tax information to the IRS.

**Unique Physician/Practitioner Identification Number (UPIN)**-This number is assigned to physicians and non-physician practitioners to identify the referring or ordering physician on Medicare claims.

To reduce the burden of furnishing some types of supporting documentation, we have designated specific types of documentation to be furnished on an "as needed" basis. However, the carrier may request documentation at any time during the enrollment process, to support or validate information that is reported in this application. Some examples of documents that may be requested for validation are billing agreements, IRS W-2 forms, pay stubs, and staffing company contracts.