

SECTION 1: GENERAL INFORMATION

This section is to identify the reason for submittal of this application. It will also indicate whether you currently have a business relationship with Medicare.

A. Reason for Submittal of this Application - This section identifies the reason this application is being submitted.

1. Check one of the following:

Initial Enrollment:

- If you are enrolling in the Medicare program for the first time with this Medicare carrier under this tax identification number.
- If you are already enrolled with a carrier but need to enroll in another carrier's jurisdiction.

NOTE: You must be able to submit a valid claim within six months of enrolling or risk deactivation of your billing number once you have enrolled.

Reactivation:

- If your Medicare billing number was deactivated because of non-billing. Billing privileges may be deactivated when no claims are submitted in a six-month period. To reactivate billing privileges, you will be required to either submit an updated CMS 855I, or certify to the accuracy of your enrollment information currently on file with CMS. In addition, prior to being reactivated, you must be able to submit a valid claim. You must also meet all current requirements for your supplier type, regardless of whether you were previously enrolled in the program unless otherwise stated in regulation.

Revalidation:

- If you have been requested to revalidate your enrollment information currently on file with Medicare. Periodically (about once every three years), Medicare will require you to confirm and update **all** of your enrollment information. Check this box and complete this entire application unless instructed otherwise by the Medicare carrier. You may submit a copy of your original application with all changes clearly indicated and a current signature and date.

Change of Information:

- If you are adding, deleting, or changing information under this tax identification number. Check the appropriate section where the change is being reported. When providing the changed information, provide your Medicare identification number in Section 1, and provide the new/changed information in the applicable section. If you would like to provide a contact person to discuss these changes, please do so in Section 13. You must sign and date the certification statement in Section 15. **All changes must be reported to the carrier within 90 days of the effective date of the change.** Anytime you add a practice location that is located in a different state than where you are currently enrolled, you must provide a copy of your State license with that change.

NOTE: When submitting this application to report a change of information, only complete those sections necessary to report the change.

Voluntary Deactivation of Billing Number:

- If you know you will no longer be submitting claims to the Medicare program using this billing number. Voluntary deactivation ensures that your billing number will not be fraudulently used in the event of your retirement, leaving a group practice, etc. Provide the date you stopped practicing or the date on which you will stop billing for Medicare covered services and the billing number to be deactivated. In addition, please complete Section 1 to identify yourself, and sign and date the certification statement in Section 15.

NOTE: "Voluntary Deactivation" **cannot** be used to circumvent any corrective action plan or any pending/ongoing investigation.