

OMB Approval No. 0938-0685

- C. Medicare Payment “Pay To” Address Information** - Check the box “Change” only if you are reporting a change to existing information in this section. Provided that this is the only change in your information, furnish the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

If you are enrolling for the first time, state where you want your Medicare payments to be sent. The ability to establish more than one “Pay To” address will be addressed by the local Medicare carrier. Therefore, if you want to establish multiple “Pay To” addresses you need to contact the carrier. Some Medicare carriers do not allow multiple payment addresses.

- Provide the P.O. Box or street address, city, State and ZIP Code for your payment address.

If you would like your payments to be deposited to your bank account electronically, place a check in the box given and complete the “Medicare Authorization Agreement for Electronic Funds Transfers” (Form HCFA-588).

- If payment will be paid by electronic funds transfer (EFT), the “Pay To” address should indicate where you want all other payment information (e.g., remittance notices, special payments, etc.) sent.

NOTE: Payment can only be made in your name as shown in Section 2A1 or your legal business name as shown in Section 2D2.

- D. Location of Patients’ Medical Records** - Check the box “Change” only if you are reporting a change to existing information in this section. Provided that this is the only change in your information, provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. If all of your patients’ medical records are located at the practice location in Section 4B, check the box provided and skip this section.
2. If any of your patients’ medical records are stored in a location other than the practice location in Section 4B, complete this section with the complete address of all storage locations.

Post Office boxes and drop boxes are not acceptable as physical addresses where patients’ medical records are maintained.

- E. Comments** – This section is to be used as an opportunity to explain any unusual circumstances concerning your practice location, “Pay To” address, the location of your patients’ medical records, or how they are maintained and/or stored.