

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

This section is to be completed if you use or contract with a billing agency to submit claims to Medicare on your behalf. If you use more than one billing agency, copy and complete this section for each. You may be required to submit a copy of your 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			
Business Street Address Line 2			
City	State	ZIP Code + 4	
Telephone Number () () ()	(Ext.) () ()	Fax Number (optional) () () ()	E-mail Address (optional)

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

Answer the following questions about your agreement/contract with the above billing agency.

1. Do you have unrestricted access to your Medicare remittance notices? ☐ YES ☐ NO
2. Does your Medicare payment go directly to you? ☐ YES ☐ NO
IF NO, proceed to Question 3.
IF YES, skip Questions 3, 4 and 5.
3. Does your 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 in your name only? ☐ YES ☐ NO
 - b) Do you have unrestricted access to the bank account and statements? ☐ YES ☐ NO
 - c) Does the bank only answer to you regarding what you want from the bank (e.g., sweep account instructions, bank statements, closing account, etc.)? ☐ YES ☐ NO
4. Does your Medicare payment go directly to your 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 your 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 you. ☐ 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 you may modify or revoke at any time. ☐ YES ☐ NO
 - 5) In receiving payment, the agent acts only on your behalf (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 you or deposit the payment into your bank account? ☐ YES ☐ NO
5. Who receives your Medicare payment? _____