
OMB Approval No. 0938-0685

SECTION 13: CONTACT PERSON INFORMATION - OPTIONAL

To assist in the timely processing of your application, you may want to provide the full name, e-mail address, telephone number, and mailing address of an individual who can be reached to answer questions regarding the information furnished in this application (preferably the individual who completed this application if other than yourself). You are not required to furnish a contact person in this section. It should be noted that if a contact person is not provided, all questions about this application will be directed to you.

- A. Check Box** - If you do not have a contact person, check this box and skip to Section 14.
- B. Contact Person Information** - Indicate if you are completing this section to add or delete a contact person currently on file. State the effective date of the change. If you are changing existing information, check the applicable box and provide the effective date of the change, and sign and date the certification statement. Otherwise:
- Furnish the full name, mailing address, e-mail address, and telephone number of an individual who can answer questions about the information furnished in this application.

SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS ENROLLMENT APPLICATION

This section explains the penalties for deliberately furnishing false information to acquire or maintain enrollment in the Medicare program. You should review this section to ensure that you understand those penalties that can be applied against you for deliberately furnishing false information in this Medicare enrollment application.