

INDIVIDUAL REASSIGNMENT OF MEDICARE BENEFITS
INSTRUCTIONS

Please **PRINT** or **TYPE** all information so it is legible. Do not use pencil. Failure to provide all requested information may cause this form to be returned and delay the processing of your reassignment. This application is to be completed for any **individual practitioner** who will be reassigning his or her benefits to an eligible provider or supplier. See inside front cover for return mailing instructions. Electronic copies of all CMS Medicare enrollment forms can be found at the Medicare web-site 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.

SECTION 1: GENERAL INFORMATION

Check the applicable box indicating the reason for the submittal of this application.

Add a New Reassignment – Check this box and furnish the effective date when an individual practitioner who is enrolling or is currently enrolled in the Medicare program will be reassigning his/her benefits to this provider/supplier for the 1st time. The provider/supplier **must** be enrolled or currently enrolling in Medicare before a reassignment can be effectuated. When adding a reassignment, complete Sections 1, 2, 3, 5, 6 and 7.

Terminate a Current Reassignment – Check this box and furnish the effective date when an individual practitioner who has reassigned his/her benefits to this provider/supplier is terminating that reassignment. No reassigned claims will be paid to the provider/supplier for services rendered by the practitioner identified in Section 3 after the effective date of deletion.

- When the group/clinic is terminating the reassignment, the group/clinic must complete Sections 1, 2, 3, 6, and 7.
- When the individual practitioner is terminating the reassignment, he/she must complete Sections 1, 2, 3, 4, and 7.

Change Income Reporting Status – Check this box and furnish the effective date when reporting a change in the type of income tax withholding (e.g., if a practitioner changes his/her work status from “Employee” to “Independent Contractor”) reported to the IRS for the individual practitioner who has reassigned his/her benefits to this provider/supplier. When changing the practitioner’s income reporting status, complete Sections 1, 2, 3, 6 and 7.

Attesting to Current Reassignment – Check this box if you have been requested to declare all those groups or other entities you are affiliated with in which you have current valid reassignment of benefits established. All individuals that have 5 or more active reassignments with 5 or more groups/entities are required to confirm this information periodically. You will need to complete a separate CMS 855R for each group/entity to whom you reassign your benefits. When attesting to current reassignments complete Sections 1, 2, 3, 5, and 7.

NOTE: All changes must be reported to the carrier within 90 days of the effective date of the change.

SECTION 2: PROVIDER/SUPPLIER IDENTIFICATION

This section is to be completed with information about the provider/supplier to which the individual practitioner’s benefits will be reassigned or have already been reassigned.

NOTE: Prior to the reassignment of benefits to this provider/supplier, both the individual practitioner **AND** the provider/supplier must be enrolled (or concurrently enrolling) in the Medicare program. If the individual practitioner’s or the provider/supplier’s initial enrollment application is being submitted concurrently with this reassignment application, write “**pending**” in the Medicare identification number block.

Furnish the provider/supplier’s name and tax identification number as reported to the IRS, and the provider/supplier’s group specialty and Medicare identification number or National Provider Identifier (NPI).

NOTE: The provider/supplier’s name as reported to the IRS must be the same as reported on the provider/supplier’s CMS 855B when it enrolled.