

SECTION 1: GENERAL APPLICATION INFORMATION

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

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

1. Select one of the following:

Initial Enrollment of a New DMEPOS Supplier:

- If the supplier is enrolling in the Medicare program for the first time as a DMEPOS supplier.

Re-enrollment:

- If the supplier is currently enrolled in the program and has been asked to verify and update the enrollment information currently on file, and to attest that it is still eligible to receive Medicare payments.

Reactivation:

- If the supplier's Medicare billing number was deactivated.

To reactivate billing privileges, the supplier may be required to either submit an updated CMS 855S or certify to the accuracy of its enrollment information currently on file with CMS. In addition, prior to being reactivated, the supplier must be able to submit a valid claim. The supplier must also meet all current Medicare requirements as a DMEPOS supplier regardless of whether it was previously enrolled in the program.

Enrollment of a New Location for a Currently Enrolled DMEPOS Supplier:

- If the supplier is currently enrolled in the program and is applying to enroll a new business location.

Change of Information:

- If the supplier is adding, deleting, or changing existing information under this tax identification number.

If an existing supplier changes its name/owner/address, etc., the supplier must annotate the change by checking the section(s) where the change is going to be made, completing the appropriate section(s), and signing and dating the certification statement. For example, if an existing supplier is moving to a new location and has previously completed an application, the supplier completes Sections 1, 4, and 14. The supplier does not complete a full application. When reporting a change of information, always complete Section 1 to identify the supplier and provide the new/changed information in the section checked, and sign and date the certification statement (Section 14). **All changes must be reported to the NSC within 30 days of the effective date of the change.**

Voluntary Termination of Billing Number:

- If the supplier will no longer be submitting claims to the Medicare program using this billing number.

Voluntary termination ensures that the supplier's billing number will not be fraudulently used if the supplier ceases its Medicare operations. Provide the date operations ceased or the date the supplier will stop billing for Medicare covered services and the billing number to be terminated. In addition, complete Section 1 to identify the supplier and sign and date the certification statement (Section 14).

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

NOTE: Suppliers must furnish their current NSC billing number in the space provided if submitting this application for any reason other than the initial enrollment of a new DMEPOS supplier.