

OMB Approval No. 0938-0685

MEDICARE FEDERAL HEALTH CARE PROVIDER/SUPPLIER ENROLLMENT APPLICATION**Application for Durable Medical Equipment, Prosthetics, Orthotics,
and Supplies (DMEPOS) Suppliers****General Instructions**

The Medicare Federal Health Care Provider/Supplier Enrollment Application has been designed by the Centers for Medicare and Medicaid Services (CMS) to assist in the administration of the Medicare program and to ensure that the Medicare program is in compliance with all regulatory requirements. The information collected in this application will be used to ensure that payments made from the Medicare trust fund are paid only to qualified DMEPOS suppliers, and that the amounts of the payments are correct. This information will also identify whether the DMEPOS supplier is qualified to furnish health care items to Medicare beneficiaries. To accomplish this, Medicare must know basic identifying and qualifying information about the DMEPOS supplier that is seeking billing privileges in the Medicare program.

Medicare needs to know: (1) the type of DMEPOS supplier enrolling, (2) what qualifies this DMEPOS supplier to furnish health care related DMEPOS items, (3) where or how this DMEPOS supplier intends to furnish these items, and (4) those persons or entities with an ownership interest or managerial control, as defined in this application, over the DMEPOS supplier.

This application **MUST** be completed in its entirety, unless the appropriate box is checked to indicate the section does not apply or when reporting a change to previously submitted information. If a section does not apply to this DMEPOS supplier, check (v) the appropriate box in that section and skip to the next section. Sections 7, 9, and 11 have been deliberately omitted from this application because they are not applicable to the enrollment of DMEPOS suppliers that bill Medicare carriers.

1. General Application Information**A. Reason for Submittal of this Application**

This section is to be completed with general information as to why this application is being submitted and whether this supplier currently has a business relationship with another Federal health care program.

To ensure timely processing of this application, Numbers 1, 2 and 3 below MUST ALWAYS be completed.

1. Check one: ☐ Initial Enrollment of a New DMEPOS Supplier
☐ Re-enrollment Furnish Current Billing Number: _____
☐ Reactivation Furnish Current Billing Number: _____
☐ Enrollment of a New Location for a Currently Enrolled DMEPOS Supplier
 Furnish Current Billing Number: _____
☐ Change of Information (including Ownership) - (Check appropriate Section(s) below).
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 15
 Furnish Current Billing Number: _____
☐ Voluntary Termination of Billing Number - Effective Date (MM/DD/YYYY): _____
 Furnish Current Billing Number to be terminated: _____

2. Please indicate the two-letter state code for the state where the enrolling business location is located for this DMEPOS supplier.

_____ (Example: S C for South Carolina)

3. To which region(s) will this supplier submit the majority of claims for this location?

☐ Region A ☐ Region B ☐ Region C ☐ Region D ☐ All Regions

4. Is this supplier currently enrolled in the Medicare program other than as a DMEPOS supplier? ☐ YES ☐ NO
IF YES, furnish the following information about the current enrollment:

Medicare Contractor Name: _____ Medicare Identification Number or NPI: _____