

SECTION 4: CURRENT BUSINESS LOCATION ADDRESS INFORMATION

This section is to be completed with information about the business location for which this application is being submitted. The supplier must also furnish a mailing address for receiving correspondence from Medicare, an address where payments are to be sent, and an address where Medicare beneficiaries' records are stored for this location.

- A. Business Location Address Information** – This must be the actual address where the supplier's business is physically located. It must be the address and telephone number where Medicare beneficiaries can contact the supplier directly.

NOTE: A separate application must be submitted for each physical business location that conducts business with the public and intends to bill Medicare from that location for the items sold to the public. Locations that serve only as warehouses or repair facilities should not be reported.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the "doing business as" (DBA) name if different from the legal business name reported in Section 2A for this business location. The "doing business as" name is the name the supplier is generally known by to the public.
2. Provide the street address and telephone number of this business location. A post office box or a drop box address is not acceptable as a DMEPOS supplier business location. The address must be the actual physical location of the supplier's business. The telephone number must be the number where customers can call to ask questions or register complaints.
3. Check the appropriate box to indicate the organizational structure of this supplier. Check "Corporation" if the supplier is such, regardless of whether the supplier is "for-profit" or "non-profit." "Partnership" should be checked for all "General" or "Limited" partnerships. All other suppliers should check "Other," and specify the type of organizational structure (e.g., limited liability company).
4. Provide the date this business location was established to furnish and bill for DMEPOS supplies. This date will assist in establishing the effective date for claims processing. Also, when applicable, furnish the date this business location stopped furnishing DMEPOS supplies.

- B. "Mail To" Address** – The supplier must provide an address and telephone number where it can be directly contacted by Medicare or the NSC to resolve any enrollment or billing issues. This address will also be used to send the supplier important information concerning the Medicare program that may directly affect its Medicare payments. Therefore, this address cannot be that of the billing agency, management service organization, or staffing company. This address may be a post office box or a drop box location.

If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement.

If the "Mail To" address is the same as the "Business" address reported in Section 4A, check the box provided in this section and continue with Section 4C. Otherwise:

1. Furnish a "Mail To" name for the supplier in Section 4A.
2. Furnish an address, telephone number, fax number and email address where Medicare can directly contact the supplier.
3. If the DMEPOS supplier has more than one business location and the "Mail To" address is the same "Mail To" address for all of the supplier's business locations, check the box provided.

NOTE: If the "Mail To" address is a P.O. Box or Drop Box, it can not be the same as the "Business" address reported in Section 4A since a P.O. Box or Drop Box address is not acceptable as a DMEPOS supplier business address.