

**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. 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 separate application must be submitted for each business location that intends to bill Medicare for the items sold to the public from that location.

**A. Business Location Address Information**☐ **Change** **Effective Date:** \_\_\_\_\_

This must be the physical address and telephone number of the business location and where Medicare beneficiaries can contact the supplier directly. The "Doing Business As" name is the name the supplier is generally known by to the public.

1. "Doing Business As" (DBA) Name (if applicable) for the supplier identified in Section 2A

2. Business Address Line 1 (Street Name and Number)

Business Address Line 2 (Suite, Room, etc.)

Business City

Business State

Business ZIP Code + 4

Telephone Number

(Ext.)

Fax Number (if applicable)

E-mail Address (if applicable)

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3. Identify the type of organizational structure for this supplier (Check one):

☐ Corporation☐ Partnership☐ Other (Specify): \_\_\_\_\_4. Date this Business Started at this Location  
(MM/DD/YYYY)Date this Business Terminated at this Location (if applicable)  
(MM/DD/YYYY)**B. "Mail To" Address**☐ **Same as Section 4A**☐ **Change** **Effective Date:** \_\_\_\_\_

**This must be an address and telephone number where Medicare can contact the supplier directly.**

1. "Mail To" Name for the supplier identified in Section 4A above

2. "Mail To" Address Line 1 (Street Name and Number or P.O. Box)

"Mail To" Address Line 2 (Suite, Room, etc.)

"Mail To" City

"Mail To" State

"Mail To" ZIP Code + 4

Telephone Number

(Ext.)

Fax Number (if applicable)

E-mail Address (if applicable)

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3. Check here ☐ if this "Mail To" address is to be used as the mail to address for all of the supplier's business locations.**C. "Pay To" Address**☐ **Same as Section 4A**☐ **Change** **Effective Date:** \_\_\_\_\_

Furnish the address **where payment should be sent** for supplies furnished from the business address in Section 4A.

1. "Pay To" Address Line 1 (Street Name and Number or P.O. Box)

"Pay To" Address Line 2 (Suite, Room, etc.)

"Pay To" City

"Pay To" State

"Pay To" ZIP Code + 4

2. Check here ☐ if this "Pay To" address is to be used as the pay to address for all of the supplier's business locations.**D. Location of Medicare Beneficiaries' Medical Records**☐ **Change** **Effective Date:** \_\_\_\_\_

Check here ☐ if **all** Medicare beneficiary medical records are stored at the business location shown in Section 4A. Otherwise, complete this section with the name and address of the storage location.

1. Medicare Beneficiary Medical Record Storage Location Name

Medicare Beneficiary Medical Record Storage Location Address Line 1 (Street Name and Number)

Storage Location Address Line 2 (Suite, Room, etc.)

Storage Location City

Storage State

Storage ZIP Code + 4

2. Check here ☐ if this "Storage Location" address is to be used as the storage address for all business locations.