

OMB Approval No. 0938-0685

7. Chain Home Office Information	This Section Not Applicable
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8. Billing Agency																																														
<p>This section is to be completed with information about all billing agencies this supplier uses or contracts with that submit claims to Medicare on behalf of the supplier. If more than one billing agency is used, copy and complete this section for each. The supplier may be required to submit a copy of its current signed billing agreement/contract if Medicare cannot verify the information furnished in this section.</p>																																														
<p>A. Check here <input type="checkbox"/> if this section does not apply and skip to Section 11.</p>																																														
<p>B. Billing Agency Name and Address <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change Effective Date: _____</p>																																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">1. Legal Business Name as Reported to the IRS</td> <td style="width: 40%; border: none;">Tax Identification Number</td> </tr> <tr> <td colspan="2" style="border: none;">2. "Doing Business As" Name (if applicable)</td> </tr> <tr> <td colspan="2" style="border: none;">3. Business Street Address Line 1 (Street Name and Number)</td> </tr> <tr> <td colspan="2" style="border: none;">Business Street Address Line 2 (Suite, Room, etc.)</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> </tr> <tr> <td style="border: none;">ZIP Code + 4</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Telephone Number (Ext.)</td> <td style="border: none;">Fax Number (if applicable)</td> </tr> <tr> <td style="border: none;">E-mail Address (if applicable)</td> <td style="border: none;"></td> </tr> </table>	1. Legal Business Name as Reported to the IRS	Tax Identification Number	2. "Doing Business As" Name (if applicable)		3. Business Street Address Line 1 (Street Name and Number)		Business Street Address Line 2 (Suite, Room, etc.)		City	State	ZIP Code + 4		Telephone Number (Ext.)	Fax Number (if applicable)	E-mail Address (if applicable)																															
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<p>Answer the following questions about the supplier's agreement/contract with the above billing agency.</p>																																														
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9. For Future Use	This Section Not Applicable
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