

PECOS: View and Manage Reassignments through Group Enrollment

9/10/2021



Today's Presenters

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 - Provider Outreach and Education
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 - Provider Outreach and Education

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Objectives

- Understand how to view and print the group's provider list of reassignments
- How to manage reassignments, either by adding active providers or terminating providers

Agenda

- View Reassignments
- Add Reassignments
- Terminate Reassignments
- E-Signature Email
- Verify Signature Completion
- Process After Submission
- Check Application Status
- Resources

View Reassignments

PECOS Home Page to Login

Medicare Enrollment

for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

You may use your NPES or PECOS username and password to login.

* User ID

* Password

[LOG IN](#)

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

Questions? [Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

Provider & Supplier Resources

- [CMS.gov/Providers](#) - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- [Enrollment Checklists](#) - Review checklists of information needed to complete an application for various provider and supplier types.
- [Medicare Learning Network® \(MLN\)](#) - Helpful articles and tutorials about changes in Medicare enrollment.
- [Revalidation Notice Sent List](#) - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- [Ordering, Certifying, or Prescribing Practitioners List](#) - View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
- [Ordering, Certifying, or Prescribing Information \[PDF, 1.64MB\]](#) - Learn about the Ordering, Certifying, or Prescribing enrollment process.

Enrollment Tutorials

- Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- Change of Information:**
Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
[Individual Provider](#) or [Organization/Supplier](#)
- Revalidation:**
Step-by-step demonstration on how to submit your revalidation application using PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- Deactivated:**
Example of how to deactivate an existing enrollment record.
[Individual Provider](#)
- Reactivation:**
Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
[Organization/Supplier](#)
- Adding a Practice Location (DMEPOS Only):**
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
[DME Supplier](#)

My Associates

Welcome

Release Notes

Want to learn what's new in the latest PECOS release? Please review the [Release Notes\[PDF\]](#).

System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.
- **[SAVE THE DATE]** CMS will hold a National Provider Enrollment Conference on Tuesday, March 12th, 2019 from 8:00 a.m. to 5:00 p.m. CT and Wednesday, March 13th, 2019 from 8:30 a.m. to 5:00 p.m. at the Nashville Music City Center in Tennessee. Take advantage of this opportunity to interact directly with CMS and Medicare Administrative Contractor provider enrollment experts. Register [here](#).

Manage Medicare and Account Information

MY ASSOCIATES >>

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT >>

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER >>

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

You currently have no pending signatures.

VIEW ALL SIGNATURES >>

View Enrollments

Home > My Associates

My Associates

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

! IMPORTANT:

If you are responding to a **request for Revalidation**, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

[CREATE INITIAL ENROLLMENT APPLICATION](#)

Existing Associates

Please provide one or more of the following options to filter your associates. Selecting the reset button will clear the options selected and load the full list of associates.

Enrollment Type
 [SELECT](#)

Provider/Supplier Type

Associate Legal Business Name

Associate Last Name

Associate First Name

TIN

NPI

State

[FILTER](#) [RESET](#)

In order to view Medicare applications and enrollments for an associate, please select the "View Enrollments" button next to an associate listed below.

Individuals

Records 1 - 1 of 1

Name: NPI: [VIEW ENROLLMENTS](#)

Organizations

Records 1 - 1 of 1

Name: TIN: [VIEW ENROLLMENTS](#)

Existing Enrollments

My Enrollments

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

! IMPORTANT:

If you are responding to a **request for Revalidation**, please do not create an initial enrollment application. Instead, select one of your current enrollment records below.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION

Filter Existing Medicare Applications and Enrollments Section

Please provide one or more of the following options to filter your enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Enrollment Type

All Types

SELECT

Provider/Supplier Type

All Provider/Supplier Types

Enrollment Status

All Statuses

State

All States

Medicare ID

FILTER

RESET

Name:

NPI:

Records 1 - 1 of 1

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.

State: NEW YORK

Type/Specialty: CLINIC/GROUP PRACTICE

VIEW

REVALIDATE

MORE OPTIONS

Enrollment Type: REASS

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Revalidation Status: Revalidation Due [Sample Revalidation Notice](#)

Revalidation Due Date: 02/28/2017

Practice Location: 14624-1304, ROCHESTER, NY

Existing Reassignments: 2

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

Existing Enrollments

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.

State: NEW YORK

Type/Specialty: CLINIC/GROUP PRACTICE

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855B

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Revalidation Status: Revalidation Due 

[Sample Revalidation Notice](#)

Revalidation Due Date: 02/28/2017

Practice Location: ROCHESTER, NY

Existing Reassignments: 2

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)



View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details				
Name/LBN	NPI	Status	Tracking ID	Action
XXXXX XXXXX		PENDING E-SIGNATURES View Pending E-Signatures Application		MANAGE SIGNATURES CORRECT & RE-SUBMIT
XXXXXX XXXXX		AWAITING PROCESSING View Awaiting Processing Application		

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ
All Statuses

Enrollment Status
All Statuses

Relationship Status
All Relationships

FILTER ⓘ

RESET ⓘ

Records 1 - 1 of 1

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from			APPROVED		05/01/2018	N/A	N/A

Records 1 - 1 of 1

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT ⓘ

DOWNLOAD REPORT ⓘ

[RETURN TO MY ENROLLMENTS](#)

[MANAGE REASSIGNMENTS ⓘ](#)

Add Reassignment

Manage Reassignments

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		09/28/2015	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		07/24/2003	N/A	11/03/2017

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT

DOWNLOAD REPORT

Manage Reassignments

RETURN TO MY ENROLLMENTS

MANAGE REASSIGNMENTS

Application Questionnaire

Medicare Enrollment
for Providers and Suppliers

CMS Validation
[Home](#) | [Help](#) | [Log Out](#)

My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire
(*) Red asterisk indicates a required field.
Supplier Reassignment Options
* Please select an activity you would like to perform:
☐ Add reassignment of benefits where someone is reassigning benefits to the group or organization
☐ Remove existing reassignment of benefits (where someone is reassigned to the group/organization)

NEXT PAGE >

<< CANCEL

[Home](#) | [Help](#) | [Log Out](#)

Application Questionnaire

Medicare Enrollment
for Providers and Suppliers

CMS Validation
[Home](#) | [Help](#) | [Log Out](#)

My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Additional Changes

You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization).

* Does the applicant need to make any other updates or changes to this enrollment information?

☐ Yes, I need to make other updates to my enrollment.

☐ No, I only need to make Reassignment Updates.

[<< PREVIOUS PAGE](#)

[NEXT PAGE >>](#)

[<< CANCEL](#)

[Home](#) | [Help](#) | [Log Out](#)

Start Application

My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B Supplier is accepting benefits from a Part B practitioner.

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC		CLINIC/GROUP PRACTICE	ILLINOIS

Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing
- An Authorized Official or Delegated Official must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- Medicare benefits to the practitioner are reassigned to the supplier after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION


CANCEL


Enrollment ID:
PactID:
Web Tracking ID:

Reason for Application

Reassignment of Benefits Between an Enrolled Practitioner and another Enrolled Practitioner(s), Supplier(s), or Provider(s)

Reports

Select the hyperlink to view the Application being edited:
[View Application being edited](#) 



Select the hyperlink to view the Medicare ID Report:
[View Medicare ID Report](#) 

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
—	Reassignment  more information about Reassignment
✓	Contact Person  more information about Contact Person

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION 

NEXT PAGE 

Add Reassignment Information

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > Reassignment

Reassignment of Benefits

(*) Red asterisk indicates a required field.

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [\(more information about Reassignment of Benefits\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

[Advanced Search](#)

ADD INFORMATION

Reassignment Information

RETURN TO TOPICS

GO TO ERROR CHECK

NEXT TOPIC

Accept Reassignment

(*) Red asterisk indicates a required field.

Accept Reassignment

* Effective Date of Information

MM/DD/YYYY

* First Name

Middle Name

* Last Name

Suffix

Select Suffix ▼

* Social Security Number (SSN)

XXX-XX-XXXX

* Date of Birth

MM/DD/YYYY

* National Provider Identifier (NPI)

10 Digits

* Please choose the Specialty Type for the reassigning practitioner:

☐ Physician

☐ Non-Physician

NEXT PAGE >

CANCEL

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Reassignment](#) > [ADD](#)

Reassignment of Benefits

Medicare Identification Numbers

Name:

National Provider Identifier (NPI):

Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits.

Note: Use the Add More button to add more than one Medicare Identification number.

Medicare Identification Number

[ADD MORE](#)

[PREVIOUS PAGE](#)

[NEXT PAGE](#)

[CANCEL](#)

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Reassignment](#) > [ADD](#)

Accept Reassignment

Practice Location Address from where benefits are accepted

Note:

- To add Practice Locations (a location is not listed or dropdown lists are disabled), go to the Physical Location topic.
- The locations you select here will be used to populate Physician Compare on [Medicare.gov](#).

Primary Practice Location:

Please select the Primary Practice Location where you render services:

Select a Primary Practice Location Address

Secondary Practice Location:

Please select the Secondary Practice Location where you render services:

Select a Secondary Practice Location Address

[PREVIOUS PAGE](#)

[SAVE](#)

[CANCEL](#)

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [\(more information about Reassignment of Benefits\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

[Advanced Search](#)

[ADD INFORMATION](#)

Reassignment Information

Records 1 - 1 of 1

XXXX XXXXX

Accepting Reassignment from:

Effective Date of Information:

02/01/2018

Social Security Number (SSN): XXX-

XX-XXXX

Date of Birth: 01/01/XXXX

National Provider Identifier:

(unverified)

[DELETE](#)

Medicare Identification Number(s):

[ADD](#)

Medicare Identification
[DELETE](#) Number:

Practice Location Address:

Primary Practice Location
Address:

123 ANYPLACE DR
NEW HAVEN, CT 06511 -8624

[DELETE](#)

Records 1 - 1 of 1

[RETURN TO TOPICS](#)

[GO TO ERROR CHECK](#)

[NEXT TOPIC](#)

Review Contact Information

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Contact Person](#)

Contact Person

Topic Summary

The topic requests information about the person or persons that the Medicare contractor should contact if any questions exist about the application. [\(more information about Contact Person\)](#)

ADD INFORMATION

Contact Person Information

Frosty Snowman

Relationship/Affiliation to Provider/Supplier: Employee
Address: DR
HARRISBURG, PA 17110-0436
Telephone:
E-mail Address: @anthem.com

EDIT **DELETE**

Snowman

Relationship/Affiliation to Provider/Supplier: Authorized Official
Address: DR
HARRISBURG, PA 17110-0436
Telephone:
E-mail Address: @anthem.com

EDIT **DELETE**

REVIEW COMPLETE

PREVIOUS TOPIC **GO TO ERROR CHECK** **RETURN TO TOPICS**

Error/Warning Check and Begin Submission

My Application Progress  90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Reassignment

[Topic View](#)

[Fast Track View](#)

Error/Warning Check

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

BEGIN SUBMISSION 

Enrollment ID:

PacID:

Web Tracking ID:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

No Warnings were found for this enrollment application.

Authorized/Delegated Official Selection

My Application Progress  90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > Submission Process

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* Authorized Signer

Please select authorized signer ▼

NEXT PAGE >

<< RETURN TO MY ENROLLMENTS

Manage Signatures

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Submission Process](#)

Manage Signatures

(*) Red asterisk indicates a required field.

Name:
Web Tracking ID:

TIN: XX-XXXXXXX

NEW! PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

Note: Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Please select a signature method for each signer:

Name: Donald Duck
SSN: XXX-XX-XXXX
* Signature Method for Donald Duck:

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

☐ Electronic
☐ Upload

Name: [You]
SSN: XXX-XX-XXXX
* Signature Method for

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

☐ E-Sign (Sign Now)
☐ Upload

PREVIOUS PAGE

NEXT PAGE

Manage Signatures

Name: [You]
SSN: XXX-XX-XXXX
* Signature Method for
☒ E-Sign (Sign Now)
☐ Upload

☐ Sign Now

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Review And Sign Your Document

E-Signature Instructions (*) Red asterisk indicates a required field.

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1, Title XVIII of the Social Security Act

* Do you accept the Terms and Conditions?

☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[CANCEL](#)

Manage Signatures

Name: [You]
SSN: XXX-XX-XXXX
* Signature Method for

☒ Electronic
☐ Upload

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

* Email Address
[Text Box]

* Confirm Email Address
[Text Box]

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Name: [You]
SSN: XXX-XX-XXXX
* Signature Method for

☐ E-Sign (Sign Now)
☒ Upload

Role: PRACTITIONER
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) ⓘ

[Browse...] [UPLOAD](#)

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your application.

Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX
INDIANAPOLIS, IN

Reason(s) for submission:

- A Medicare Part B Supplier is accepting benefits from a Part B practitioner.


Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.





Do not upload to your submission:


- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).


Required and/or Supporting Documents:



Note: Expand  for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
 Authorized Official Certification Statement for Clinics and Group Practices [PDF]	View and Print [PDF] 	
Note : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.		
 Form CMS-855R, Authorization Statement for Reassignment of Medicare Benefits	View and Print [PDF] 	
Note : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.		

Required Documentation	Delivery Method	Comments
 Form CMS-480, Medicare Participating Physician or Supplier Agreement	Unspecified	

Optional Documentation	Delivery Method	Comments
 Other Documentation requested by your Medicare Contractor(s)	Unspecified	

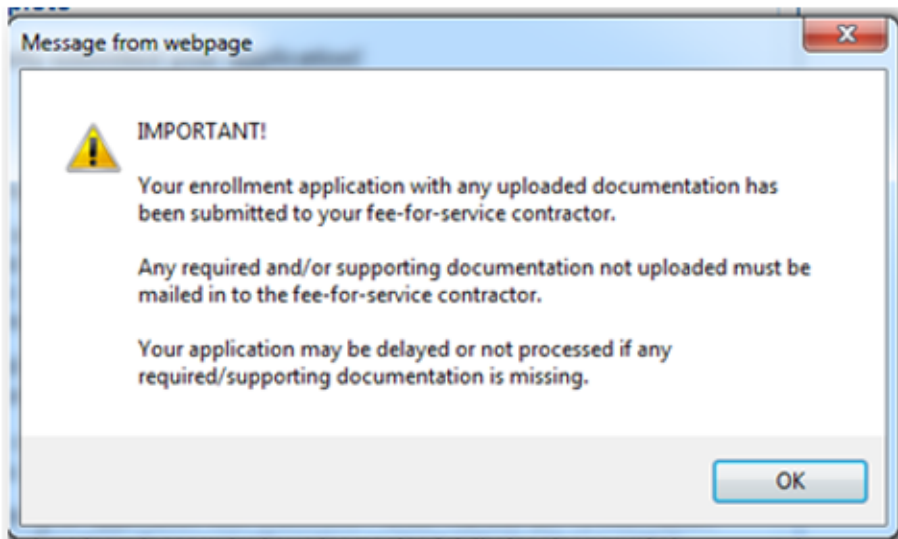
Note: Documents in PDF format require the [Adobe Acrobat Reader®](#) . If you experience problems with PDF documents, please [download the latest version of the Reader®](#) .

[PREVIOUS PAGE](#)
[COMPLETE SUBMISSION](#)

[CANCEL](#)


Submission Confirmation

My Application Progress  100%



Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application! 

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

You have successfully submitted your application!

Terminate Reassignment

Manage Reassignments

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		09/28/2015	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		07/24/2003	N/A	11/00/2017

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT

DOWNLOAD REPORT

Manage Reassignments

RETURN TO MY ENROLLMENTS

MANAGE REASSIGNMENTS

Application Questionnaire

Medicare Enrollment
for Providers and Suppliers

CMS Validation
[Home](#) | [Help](#) | [Log Out](#)

My Application Progress 0%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Supplier Reassignment Options

* Please select an activity you would like to perform:

☐ Add reassignment of benefits where someone is reassigning benefits to the group or organization

☐ Remove existing reassignment of benefits (where someone is reassigned to the group/organization)

[NEXT PAGE](#)

[CANCEL](#)

[Home](#) | [Help](#) | [Log Out](#)

Application Questionnaire

The screenshot shows the Medicare Enrollment application interface. At the top, a blue header contains the text "Medicare Enrollment for Providers and Suppliers" and navigation links for "Home", "Help", and "Log Out". A progress bar indicates "My Application Progress" is at 0%. Below the header, a breadcrumb trail reads "Home > My Associates > My Enrollments > Application Questionnaire". The main content area is titled "Application Questionnaire" and includes a red asterisk note: "(* Red asterisk indicates a required field.)". A section titled "Additional Changes" explains that the user is adding a reassignment of benefits. It then asks, "* Does the applicant need to make any other updates or changes to this enrollment information?", with two radio button options: "Yes, I need to make other updates to my enrollment." and "No, I only need to make Reassignment Updates." At the bottom of the form are buttons for "PREVIOUS PAGE", "NEXT PAGE", and "CANCEL". A second set of navigation links for "Home", "Help", and "Log Out" is located at the very bottom of the page.

Medicare Enrollment
for Providers and Suppliers

Home | Help | Log Out

My Application Progress 0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Additional Changes

You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization).

* Does the applicant need to make any other updates or changes to this enrollment information?

☐ Yes, I need to make other updates to my enrollment.

☐ No, I only need to make Reassignment Updates.

PREVIOUS PAGE NEXT PAGE

CANCEL

Home | Help | Log Out

Start Application

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- **A Medicare Part B supplier is terminating a current reassignment of benefits from a practitioner.**

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC		CLINIC/GROUP PRACTICE	ILLINOIS

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing
- An Authorized Official or Delegated Official must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- Medicare benefits reassigned to the supplier are terminated after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION >>

Enrollment ID:
PacID:
Web Tracking ID:

Reason for Application

Practitioner, Supplier, or Provider is Terminating a Current Reassignment of Benefits

Reports

Select the hyperlink to view the Application being edited:

[View Application being edited](#) 

Select the hyperlink to view the Medicare ID Report:

[View Medicare ID Report](#) 

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
	Reassignment  more information about Reassignment
	Contact Person  more information about Contact Person

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[BEGIN SUBMISSION](#) 

Reassignment of Benefits

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [\(more information about Reassignment of Benefits\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

Advanced Search

Enter search criteria

☐ Reassignment Information ☐ Pending Reassignment Information

Individual
First Name ⓘ
Last Name ⓘ

Tax Identification Number (TIN) ⓘ
Medicare Identification Number ⓘ
National Provider Identifier (NPI) ⓘ
Application Status ▼

Reassignment Information

Records 1 - 2 of 2

Accepting Reassignment from: XXXX XXXXX

Effective Date of Information: 05/01/2018
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 12/17/XXXX
National Provider Identifier: (unverified)

Medicare Identification Number(s):

Medicare Identification Number:

Practice Location Address:
Primary Practice Location Address:
137 S STATE ST
CHICAGO, IL 60603 -5606

Accepting Reassignment from: XXX XXXXX

Effective Date of Information: 05/01/2018
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 12/17/XXXX
National Provider Identifier:

Medicare ID(s) for provider receiving reassignment of benefits:

Medicare ID(s) for provider reassigning benefits:

Practice Location Address:
Primary Practice Location Address:
137 S STATE ST
CHICAGO, IL 60603 -5606

Records 1 - 2 of 2

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Reassignment](#) > DELETE

Reassignment of Benefits

(*) Red asterisk indicates a required field.

Delete Existing Information

The following information is on file with Medicare. To remove the information from your enrollment, please enter a termination date.

* Termination Date

MM/DD/YYYY

Information to be Deleted

Effective Date of Information: 05/01/2018

Name: XXXX XXXXX

Social Security Number (SSN): XXX-XX-XXXX

Date of Birth: 12/17/XXXX

National Provider Identifier (NPI):

Practice Location Address:

Primary Practice Location

137 S STATE ST
CHICAGO, IL 60603 -5606

SAVE >

<< CANCEL

Reassignment of Benefits

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [\(more information about Reassignment of Benefits\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

[Advanced Search](#)

[ADD INFORMATION](#) 

Reassignment Information

Records 1 - 1 of 1

XXXX XXXXX

Accepting Reassignment from:

Effective Date of Information:

05/01/2018

Social Security Number (SSN): XXX-

XX-XXXX

Date of Birth: 12/17/XXXX

National Provider Identifier:

Medicare ID(s) for provider
receiving reassignment of
benefits:

[ADD](#) 

[DELETE](#) 

Medicare ID(s) for provider
reassigning benefits:

Practice Location Address:

Primary Practice Location

Address:

137 S STATE ST

CHICAGO, IL 60603 -5608

[DELETE](#) 

Records 1 - 1 of 1

[RETURN TO TOPICS](#) 

[GO TO ERROR CHECK](#) 

[NEXT TOPIC](#) 

Review Contact Information

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > [Contact Person](#)

Contact Person

Topic Summary

The topic requests information about the person or persons that the Medicare contractor should contact if any questions exist about the application. [\(more information about Contact Person\)](#)

ADD INFORMATION >>

Contact Person Information

Frosty Snowman

Relationship/Affiliation to Provider/Supplier: Employee
Address: DR
HARRISBURG, PA 17110 -9436
Telephone:
E-mail Address: @anthem.com

EDIT **DELETE**

Snowman

Relationship/Affiliation to Provider/Supplier: Authorized Official
Address: DR
HARRISBURG, PA 17110 -9436
Telephone:
E-mail Address: @anthem.com

EDIT **DELETE**

REVIEW COMPLETE >>

PREVIOUS TOPIC **GO TO ERROR CHECK** >> **RETURN TO TOPICS** >>

Error/Warning Check and Begin Submission

My Application Progress  90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Reassignment

[Topic View](#)

[Fast Track View](#)

Error/Warning Check

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

BEGIN SUBMISSION 

Enrollment ID:

PacID:

Web Tracking ID:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

No Warnings were found for this enrollment application.

Authorized/Delegated Official Selection

My Application Progress  90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Reassignment](#) > Submission Process

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* Authorized Signer

Please select authorized signer ▼

NEXT PAGE >

<< RETURN TO MY ENROLLMENTS

Manage Signatures

Name: [You]
SSN: XXX-XX-XXXX
* Signature Method for
☒ E-Sign (Sign Now)
☐ Upload

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

☐ Sign Now

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Review And Sign Your Document

E-Signature Instructions (*) Red asterisk indicates a required field.

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1 Title XVIII of the Social Security Act.

* Do you accept the Terms and Conditions?

☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[CANCEL](#)

Manage Signatures

Name: [You]
SSN: XXX-XX-XXXX
• Signature Method for

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

☒ Electronic
☐ Upload

• Email Address
[Text Box]
• Confirm Email Address
[Text Box]

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Name: [You]
SSN: XXX-XX-XXXX
• Signature Method for

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

☐ E-Sign (Sign Now)
☒ Upload

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) ⓘ

[Browse...] [UPLOAD](#)

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX
INDIANAPOLIS, IN

Reason(s) for submission:

- A Medicare Part B supplier is terminating a current reassignment of benefits from a practitioner.

Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.

Do not upload to your submission:

- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).

Required and/or Supporting Documents:

Note: Expand  for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring
Signatures: MUST E-SIGN
or UPLOAD

View and Print
Documentation

Comments

 Authorized Official
Certification Statement for
Clinics and Group Practices
[PDF]


[View and Print \[PDF\]](#) 

Note : Please do not mail
a signed Certification
Statement. Signature
documents must be either
e-signed or uploaded.



Optional Documentation

Delivery Method

Comments

 Other Documentation
requested by your Medicare
Contractor(s)

Unspecified

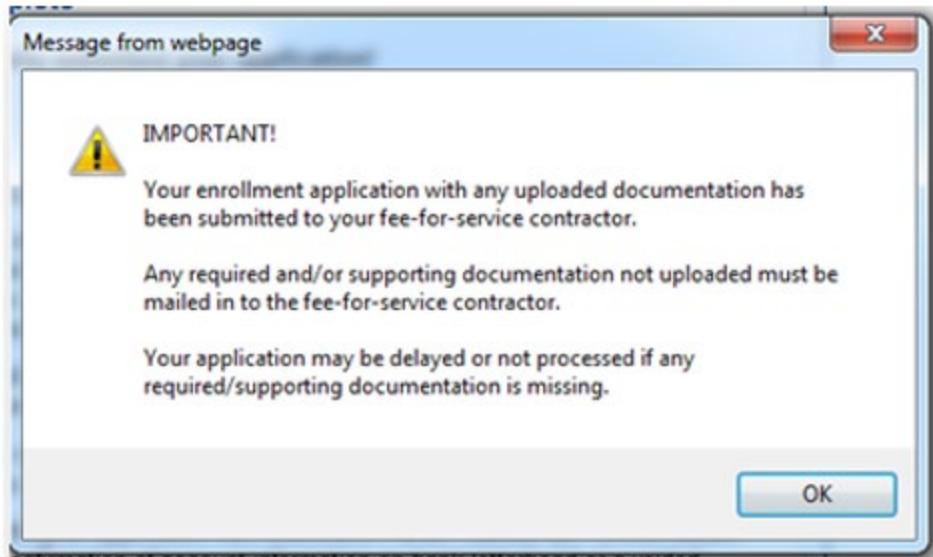
Note: Documents in PDF format require the [Adobe Acrobat Reader®](#) . If you
experience problems with PDF documents, please [download the latest version of the
Reader®](#) .

 PREVIOUS PAGE

COMPLETE SUBMISSION 

 CANCEL

Submission Confirmation



My Application Progress  100%

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

You have successfully submitted your application!

E-Signature Email

E-Signature Email

To: _____@anthem.com
Subject: PECOS E-Signature Request
Sent: 02/21/2018 13:19 PM

A Medicare application for _____ LLC for Reassignment has been submitted by: _____@anthem.com. You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:

Provider/Supplier Name: _____ LLC
Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
State: CT
Form Type: 855R
Practice Location: _____ NEW HAVEN, CT 065113010
NPI: _____
Web Tracking ID: _____

Instructions:

You may provide an electronic signature using your PECOS user ID at (<https://urldefense.proofpoint.com/v2/url?u=http-3A-pecos.cms.hhs.gov&d=DwICAg&c=A-GX6P9ovB1qTBp7IQve2Q&r=De4c3C0DaxvQnxVOzU2u9lv-Opd0bN7dNDi5rWxhAs&m=9dmctExjld-BkZ70Hf99T9uSP2255J6ruGHIVXw&s=zaa2-vEQ7mUVW3DeUhrwG88o5IAh5Z7kwwZ8ecGX0&e=>) OR through the PECOS E-Signature website <https://urldefense.proofpoint.com/v2/url?u=https-3A-pecos.cms.cmsva1-pecos.eSignLogin.do&d=DwICAg&c=A-GX6P9ovB1qTBp7IQve2Q&r=De4c3C0DaxvQnxVOzU2u9lv-Opd0bN7dNDi5rWxhAs&m=9dmctExjld-BkZ70Hf99T9uSP2255J6ruGHIVXw&s=ZTRw9Hh1ggkOlwvaF3cWg2QNlmb2PWwcq6okXpXXyS8&e=>, using your identifying information, e-mail address, and unique PIN **XXXXXXXX**. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note the PIN is valid for 14 days from the time the submitter completes the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please refer to https://urldefense.proofpoint.com/v2/url?u=https-3A-eus.custhelp.com&d=DwICAg&c=A-GX6P9ovB1qTBp7IQve2Q&r=De4c3C0DaxvQnxVOzU2u9lv-Opd0bN7dNDi5rWxhAs&m=9dmctExjld-BkZ70Hf99T9uSP2255J6ruGHIVXw&s=vYrEDOHkzV/cE3qRt_ShsW5yN8CT7fMCS85uZq81I&e= or <tel:1-866-484-8049>/TTY: 1-866-523-4759

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.

The email will provide 2 options for e-signing the application:

1. Log into Internet-based PECOS using your existing PECOS ID and password
2. E-sign via the PECOS e-signature website if you don't have an existing PECOS ID and password

Release Notes

Want to learn what's new in the latest PECOS release? Please review the [Release Notes\[PDF\]](#).

System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

- There are no notifications at this time.

Manage Medicare and Account Information

MY ASSOCIATES 03

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT 03

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER 03

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name:
TIN (EIN):
Web Tracking ID:
Form Type: 855R
Application Submitted: 02/21/2018
Organization:
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

VIEW AND SIGN 03

VIEW ALL SIGNATURES 03

E-Signature Email

Welcome to PECOS E-Signature Application
(*) Red asterisk indicates a required field.

Remote Authentication Page

You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf.

WARNING: If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials.

Verify Your Identity and Validate Your Application Record

Enter the required identity information:

* First Name

* Last Name


* Date of Birth
MM/DD/YYYY

* SSN
No Format Required

Enter the email address and PIN you received in the PECOS emails:

* Email Address

* PIN



If your PIN is lost or expired, click here to generate a new one.

- Provider/AO or DO
- First and last name
- Date of birth
- SSN
- Telephone
- Email
- PIN

Signatures

Applications Requiring Signatures

Applicant Name:
Organization:
TIN (EIN):
Web Tracking ID:
Form Type: 855R
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR
ORGANIZATIONS (855R)
Application Submitted: 02/21/2018

[VIEW AND SIGN](#)

Documents Signed in the Last 30 Days

No signature completed in the last 30 days

[RETURN TO HOME](#)

Review And Sign Your Document

(*) Red asterisk indicates a required field.

E-Signature Instructions

To complete your E-Signature follow the steps below:

1. [Click here](#) if you wish to review the application
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1 Title XVIII of the Social Security Act

* Do you accept the Terms and Conditions?

- ☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[SUBMIT](#)[CANCEL](#)


Confirmation Page

E-Signature Confirmation

Your E-Signature Has Been Accepted

You have successfully e-signed the following document(s):

Web tracking ID:


[View Submitted Application](#) 

Signer Name:

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Signed Date: Wed Feb 21 13:25:51 EST 2018

[HOME](#) 

Verify Signature Completion

Existing Enrollments

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: NEW YORK
Type/Specialty: CLINIC/GROUP PRACTICE

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855B

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Revalidation Status: Revalidation Due 

[Sample Revalidation Notice](#)

Revalidation Due Date: 02/28/2017

Practice Location: ROCHESTER, NY

Existing Reassignments: 2

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)



Verify Signature

Medicare Enrollment
for Providers and Suppliers

CMS Validation
[Home](#) | [Help](#) | [Log Out](#)

[Home](#) > [My Associates](#) > [My Enrollments](#) > View/Manage Reassignments

View/Manage Reassignments

Pending Reassignments Applications

Name/LBN	NPI	Pending Reassignments Applications Details	Tracking ID	Action
XXXX XXXXX		PENDING E-SIGNATURES View Pending E-Signatures Application		MANAGE SIGNATURES CORRECT & RE-SUBMIT
XXX XXXXX		PENDING E-SIGNATURES View Pending E-Signatures Application		MANAGE SIGNATURES CORRECT & RE-SUBMIT

Reassignments Report
Filter Reassignment Records
Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status
All Statuses

Enrollment Status
All Statuses

Relationship Status
All Relationships

[FILTER](#) [RESET](#)

You currently do not have any Existing Reassignments.

[RETURN TO MY ENROLLMENTS](#) [MANAGE REASSIGNMENTS](#)

Manage Signatures

Name: TIN: XXX-XX-XXXX
Web Tracking ID: NPI:

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Name: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email: test@.com	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Pending
<div>UPDATE RE-SEND EMAIL</div>	
Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Complete Date: 08/03/2018	

Name: Organization: Family Practice LLC SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
<div>UPDATE RE-SEND EMAIL</div>	
Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners	

RETURN TO MY ENROLLMENTS



Manage Signatures

Name: FAMILY PRACTICE LLC TIN: ;
Web Tracking ID:

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email: nppes.test@yahoo.com	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Complete Date: 09/26/2018
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Name: SSN: XXX-XX-XXXX Signature Method: UPLOAD	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Pending
<p>Note: One or more signature documents have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).</p> <div>UPDATE</div> <p>Medicare Supplier Enrollment Application Privacy Act Statement for Clinics and Group Practices</p>	

RETURN TO MY ENROLLMENTS



Electronic Signature Status

(*) Red asterisk indicates a required field.

Information

- Upload Certification was successfully added.

Update Signature Record

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Name

Role

AUTHORIZED OFFICIAL

Document

AUTHORIZATION STATEMENT

E-Sign Status

Pending

Selected Signature Method

Upload

Update Signature Method to:

☐ Electronic

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.



Browse...

UPLOAD

File Name: This is void check.pdf

Date Uploaded: 09/26/2018

REMOVE

CANCEL

CONFIRM

RETURN TO MY ENROLLMENTS

Process After Submission

Process After Submission

- Contact person on application will receive by email
 - Acknowledgement Notice
 - Add to safe sender list
 - customerservice-donotreply@cms.hhs.gov
 - NGS-PE-Communications@anthem.com
 - Development requests for additional information
 - Respond within 30 days
 - Log into PECOS to make necessary corrections or upload the required documents, e-signature again
 - Response letter
 - Rejection letter for incomplete/no response to development request
 - Approval

Check Application Status

Check Application Status

Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

LOGIN

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an Individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

[Questions? Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

PECOS

- Helpful Links
 - Application Status

Check Application Status

- Check Provider Enrollment Application Status
 - Go to [our website](#) > Resources> Tools & Calculators> Check Provider Enrollment Application Status

CHECK PROVIDER ENROLLMENT APPLICATION STATUS

This inquiry tool can be used to check on the status of your CMS-855 enrollment application.

How to Search

To perform a search please enter into a field below either a valid case number/web tracker ID (Option 1) or a valid National Provider Identifier (NPI) and last five digits of the Tax Identification Number (TIN) combination (Option 2).

Option 1	Option 2
Case Number / Web Tracker Id <input type="text"/>	NPI <input type="text"/>
	TIN (last five digits) <input type="text"/>

Check Application Status

- IVR system
 - [Our website](#) > Resources > Contact Us > Interactive Voice Response System
 - IVR will request following information after selecting Provider Enrollment
 - Case number/web tracker ID; or
 - National Provider Identifier (NPI) and Tax Identification Number (TIN of group) or Social Security Number (SSN of individual)

Resources



Internet-Based PECOS Tutorials

Enrollment Tutorials

- **Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider - WMV \[ZIP, 52MB\]](#) or [Organization/Supplier - WMV \[ZIP, 53MB\]](#)
- **Change of Information:**
Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
[Individual Provider - WMV \[ZIP, 46MB\]](#) or [Organization/Supplier - WMV \[ZIP, 48MB\]](#)
- **Revalidation:**
Step-by-step demonstration on how to submit your revalidation application using PECOS.
[Individual Provider - WMV \[ZIP, 29MB\]](#) or [Organization/Supplier - WMV \[ZIP, 32MB\]](#)
- **Deactivated:**
Example of how to deactivate an existing enrollment record.
[Individual Provider - WMV \[ZIP, 11MB\]](#)
- **Reactivation:**
Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
[Organization/Supplier - WMV \[ZIP, 39MB\]](#)
- **Adding a Practice Location (DMEPOS Only):**
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
[DME Supplier - WMV \[ZIP, 64MB\]](#)

Online Account Self-Service Features

- Attempt online account self-service features prior to calling EUS help desk
- From PECOS or I&A home page, you can
 - Unlock your account after account lock message received – select “Forgot Password,” enter User ID and follow prompts
 - Reset your forgotten password – select “Forgot Password,” enter User ID and follow prompts
 - Retrieve your forgotten User ID – select “Retrieve Forgotten User ID,” enter email address or user information and follow prompts

Resources

For Assistance With	Contact	Contact Information
<ul style="list-style-type: none"> Changing an NPPEs password Establishing a new user ID and password for NPPEs Questions related to the NPI application 	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
<ul style="list-style-type: none"> Errors encountered while accessing or entering information in PECOS Forgotten PECOS user ids and passwords 	EUS Help Desk	Phone: 866-484-8049 TTY: 866-523-4759 Email: EUSSupport@cgi.com Live Chat: https://eus.custhelp.com/

NGS Resources

- Contact information
 - [Our website](#) > Resources > Contact Us > Provider Enrollment
- Mailing addresses
 - [Our website](#) > Resources > Contact Us > Mailing Addresses > Business Function (Provider Enrollment)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

We're on Twitter!



@NGSMedicare

[Follow us](#)