

A CMS Medicare Administrative Contractor

Administration Simplification Compliance Act Waiver Request Form

To indicate that your provider/supplier meets an ASCA exception that allows you to continue sending claims to National Government Services on paper, please complete, attach the **appropriate supporting documentation** and return this form to the address listed below. **If supporting documentation is not included you are subject to denial of all Medicare paper claims.**

Date: _____ State: _____

Provider/Supplier Name: _____

Provider/Supplier Number: _____ NPI Number: _____

Contact Name: _____ Contact Phone Number: _____

Please check **one** of the following reason(s) why you are requesting a waiver to the ASCA Regulations to submit all initial claims for reimbursement to Medicare on paper:

Small Provider*

- For Medicare Part B purposes, a small provider is a physician, practitioner, or supplier with fewer than 10 full-time equivalent (FTE) employees. For Medicare Part A purposes, a small provider has fewer 25 FTE employees.

Please indicate the number of FTE employees: _____

* You must include **supporting documentation** proving FTE status (e.g., payroll records, tax records, certified letter from CPA).

Dentist

- Provider is a dentist

No Method of Submitting Claims Electronically

- Roster billing of vaccinations covered by Medicare
 Claims for payment under Medicare demonstration projects
 Claims for services rendered outside of the United States
 Tertiary claims (MSP claims with one primary payer must be billed electronically)

Unusual Circumstances

- A service interruption (e.g., breakdown or interruption in telephone or communications service)

Indicate the date the interruption began: _____

Estimated date when your system will be available: _____

- Provider/supplier submits fewer than 10 claims monthly on average (less than 120 claims yearly)
 Other unusual circumstance (must give detailed explanation on an additional sheet)
 I do not meet any of the above exceptions and will begin to submit all initial claims electronically to National Government Services.

Part A, Part B, FQHC, and HHH providers, return this form and supporting documentation to:

National Government Services, Inc.
Attn: ASCA
P.O. Box 7022
Indianapolis, IN 46207-7022