

# PECOS: View and Manage Reassignments through Group Enrollment

7/1/2025

**Closed Captioning:** Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.



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# Today's Presenters



- Provider Outreach and Education Consultants
  - Susan Stafford PMP, COA, AMR
  - Laura Brown, CPC





# Agenda

- [View Reassignment Report](#)
- [Add Reassignment for Provider with Active Enrollment](#)
- [Terminate Reassignment](#)
- [Respond to E-Signature Email](#)
- [Manage Signatures, Verify Completion](#)
- [Process After Submission](#)
- [Check Application Status](#)
- [Resources](#)

[View Reassignment Report](#)

# 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

Please use your I&A (Identity & Access Management System) user ID and password to log in.

\* 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.

[E-Sign your PECOS application](#) - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

### 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.

**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

### 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**  
All Types [SELECT](#)

**Provider/Supplier Type**  
All Provider/Supplier Types

**Associate Legal Business Name**

**Associate Last Name**

**Associate First Name**

**TIN**  
 XXX-XX-XXXX

**NPI**  
 10 Digits

**State**  
All States

[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 - 2 of 2

Name:	Provider	NPI:	XXXXXXXXXX	<a href="#">VIEW ENROLLMENTS</a>
Name:	Provider	NPI:	XXXXXXXXXX	<a href="#">VIEW ENROLLMENTS</a>

Records 1 - 2 of 2

#### Organizations

Records 1 - 2 of 2

Name:	Group	TIN:	XX-XXX	<a href="#">VIEW ENROLLMENTS</a>
Name:	Group	TIN:	XX-XXX	<a href="#">VIEW ENROLLMENTS</a>

Records 1 - 2 of 2

# My 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**  
 [SELECT](#)

**Provider/Supplier Type**

**Enrollment Status**

**State**

**Medicare ID**

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

Records 1 - 2 of 2

### Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.		<a href="#">VIEW</a>
State: NEW YORK		<a href="#">REVALIDATE</a>
Type/Specialty: CLINIC/GROUP PRACTICE		<a href="#">MORE OPTIONS</a>
Enrollment Type: 855B		
Medicare ID:	<a href="#">View Medicare ID Report</a>	
Status: APPROVED	<a href="#">View Approved Enrollment Record</a>	
Current ADI Accreditation?: No		
Revalidation Status: Revalidation Due <a href="#">Sample Revalidation Notice</a>		
Revalidation Due Date: 02/28/2017		
Practice Location:		ROCHESTER, NY
Existing Reassignments: 2		
Pending Reassignments Applications: 0		
<a href="#">View/Manage Reassignments</a>		

# 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 [i](#)

[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

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
Provider	XXXXXXXXXX	PENDING E-SIGNATURES <a href="#">View Pending E-Signatures Application</a>	TXXXXXX	<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>
Provider	XXXXXXXXXX	PENDING E-SIGNATURES <a href="#">View Pending E-Signatures Application</a>	TXXXXXX	<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>

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	Provider	XXXXXXXXXX	APPROVED	ptan	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](#)

 national  
government  
SERVICES

NGSMU | 12



# Add Reassignment for Provider with Active Enrollment

# Verify Active Enrollment

- [NGS Website](#) > Enrollment > Hot Topics > [How to Determine if the Provider is Active and Get the Provider Enrolled in Medicare Part B](#)

# Manage Reassignments

View/Manage Reassignments

Pending Reassignments Applications

You currently do not have any Pending Reassignments.

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 ⓘ

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	11/30/2017


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

PRINT ⓘ

DOWNLOAD REPORT ⓘ

RETURN TO MY ENROLLMENTS

MANAGE REASSIGNMENTS ⓘ

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# Application Questionnaire

The screenshot shows a web application titled "Medicare Enrollment for Providers and Suppliers". At the top right, there are links for "Home", "Help" (with a question mark icon), and "Log Out". Below the header, a progress bar indicates "My Application Progress" at 0%. 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." Below this is a section titled "Supplier Reassignment Options" with the instruction: "\* Please select an activity you would like to perform:". There are three radio button options:

- ☐ 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)
- ☐ Change of information to Reassignment

At the bottom of the form area, there is a "NEXT PAGE" button with a right arrow icon. Below the form area, there is a "CANCELL" button with a left arrow icon. The footer of the page contains the same "Home | Help | Log Out" navigation links.



# 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

### 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	XX-XXXX	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

# Topic View



**Topic View** **Fast Track View** **Error/Warning Check 2**

Enrollment ID:  
PaclID:  
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
—	<a href="#">Reassignment</a>  more information about Reassignment
✓	<a href="#">Contact Person</a>  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

### 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

[RETURN TO TOPICS](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)



# Provider Information

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

### 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

# Group Information

[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

# Reassignment Topic Summary

### 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](#)

Records 1 - 1 of 1

Accepting Reassignment from:	Provider Name
<p>Effective Date of Information: 05/01/2018</p> <p>Social Security Number (SSN): XXX- XX-XXXX</p> <p>Date of Birth: 12/17/XXXX</p> <p>National Provider Identifier: XXXXXXXX 1</p> <p><a href="#">DELETE</a></p>	<p>Medicare ID(s) for provider receiving reassignment of benefits: <a href="#">ptan</a> <a href="#">ADD</a></p> <p>Medicare ID(s) for provider reassigning benefits: IL</p>

Practice Location Address:

Primary Practice Location Address:  
137  
CHICAGO, IL 60603 -56

[DELETE](#)

# Review Contact Information

Home > My Associates > My Enrollments > Revalidation > 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: Manager

Address: 1234 Main Street  
Chicago, IL 60602

Telephone: (919) 999-9999

E-mail Address: nppes.test@

[EDIT](#) [DELETE](#)

**White Snowman**

Address:

NEW HAVEN, CT 06511-6624

Telephone: 999-999-9999

E-mail Address: @anthem.com

[EDIT](#) [DELETE](#)

[REVIEW COMPLETE](#)

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)



# Error/Warning Check and Begin Submission

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

### Manage Signatures

(\*) Red asterisk indicates a required field.

Group Name  
Web Tracking ID

TIN: XXX-XX-XXXX  
NPI: -

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.

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:

☐ Electronic  
☐ Upload

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

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

☐ E-Sign (Sign Now)  
☐ Upload

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

PREVIOUS PAGE

NEXT PAGE

RETURN TO MY ENROLLMENTS

# Manage Signatures – Sign Now

This screenshot shows a user interface for managing signatures. It includes fields for Name, SSN, Role, and Document. The 'Signature Method for' section has two options: 'E-Sign (Sign Now)' (selected) and 'Upload'. A red arrow points to the 'Sign Now' button, which is located below the 'E-Sign (Sign Now)' option. At the bottom, there are buttons for 'PREVIOUS PAGE', 'NEXT PAGE', and 'RETURN TO MY ENROLLMENTS'.

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

This screenshot shows the 'Review And Sign Your Document' page. It includes a section for 'E-Signature Instructions' with a list of steps to follow. Below this is a 'Terms and Conditions' section with two expandable boxes: 'PENALTIES FOR FALSIFYING INFORMATION' and 'AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)'. A red arrow points to the 'Do you accept the Terms and Conditions?' section, which contains a checkbox for '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.' At the bottom, there are buttons for 'PREVIOUS PAGE', 'NEXT PAGE', and 'CANCEL'.

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.

PREVIOUS PAGE NEXT PAGE CANCEL

# Manage Signatures –Select Method

Name: DONALD DUCK  
SSN: XXX-XX-XXXX  
\* Signature Method for DONALD DUCK:

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

☒ Electronic  
☐ Upload

\* Email Address


\* Confirm Email Address



Name: DONALD DUCK  
SSN: XXX-XX-XXXX  
\* Signature Method for DONALD DUCK

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

☐ Electronic  
☒ 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 INDIVIDUAL PRACTITIONERS (855R) ⓘ

Browse...





# Submission Page

Home > My Associates > My Enrollments > Revalidation > Submission Process

## 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.

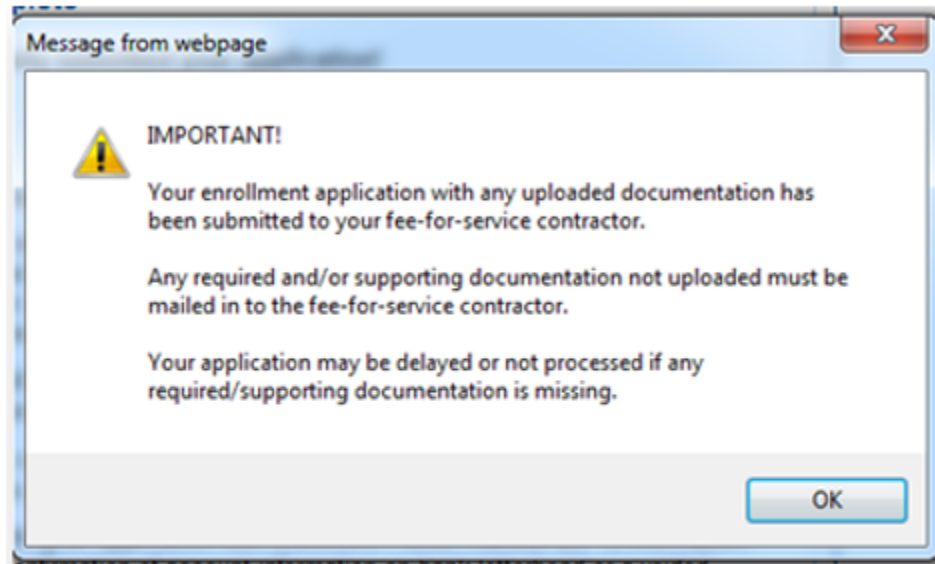
Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
 Authorized Official Certification Statement for Clinics and Group Practices [PDF]	<a href="#">View and Print [PDF]</a> 	
<b>Note:</b> Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.		
 Form CMS-855R, Authorization Statement for Reassignment of Medicare Benefits	<a href="#">View and Print [PDF]</a> 	
<b>Note:</b> Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.		
Required Documentation	Delivery Method	Comments
 Form CMS-460, Medicare Participating Physician or Supplier Agreement	Unspecified	
Optional Documentation	Delivery Method	Comments
 Other Documentation requested by your Medicare Contractor(s)	Unspecified	
<b>Note:</b> Documents in PDF format require the <a href="#">Adobe Acrobat Reader®</a>  . If you experience problems with PDF documents, please <a href="#">download the latest version of the Reader®</a>  .		

[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

### View/Manage Reassignments

#### Pending Reassignments Applications

You currently do not have any Pending Reassignments.

#### 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 ⓘ

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	11/30/2017

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

PRINT ⓘ

DOWNLOAD REPORT ⓘ

RETURN TO MY ENROLLMENTS ⓘ

MANAGE REASSIGNMENTS ⓘ ⓘ

# Application Questionnaire

## 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.

#### 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)
- ☐ Change of information to Reassignment

[NEXT PAGE](#)

[CANCEL](#)

Home | Help | Log Out



# Application Questionnaire

The screenshot shows a web application interface for Medicare Enrollment. At the top, a blue header contains the title "Medicare Enrollment for Providers and Suppliers" and navigation links for "Home", "Help", and "Log Out". A "CMS Validation" link is also present. Below the header, a progress bar indicates "My Application Progress" at 0%. A breadcrumb trail shows the path: "Home > My Associates > My Enrollments > Application Questionnaire". The main content area is titled "Application Questionnaire" and includes a red asterisk legend: "(\*) Red asterisk indicates a required field." A section titled "Additional Changes" contains a text box with the instruction: "You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization)." Below this, a required question is displayed: "\* Does the applicant need to make any other updates or changes to this enrollment information?". Two radio button options are provided: "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, there are three buttons: "PREVIOUS PAGE", "NEXT PAGE", and "CANCEL". The footer of the page includes the same navigation links: "Home", "Help", and "Log Out".

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

### 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



CANCEL

# Topic View





**Topic View** **Fast Track View** **Error/Warning Check 2**

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
	<a href="#">Reassignment</a>  more information about <a href="#">Reassignment</a>
	<a href="#">Contact Person</a>  more information about <a href="#">Contact Person</a>

  
**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 

# Remove Reassignment

My Application Progress  90%

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

## 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

[FILTER](#)

[CLEAR FILTER](#)

[ADD INFORMATION](#)

## Reassignment Information

Records 1 - 2 of 2

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:  
(unverified)

Medicare Identification Number(s):

[ADD](#)

Medicare Identification  
[DELETE](#) Number:

[DELETE](#)

Practice Location Address:

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

[DELETE](#)

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:

[ADD](#)

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

[DELETE](#)

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

[RETURN TO TOPICS](#)

[GO TO ERROR CHECK](#)

[NEXT TOPIC](#)

# Termination Date

My Application Progress

90%

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 Topic Summary

## 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

### Reassignment Information

Records 1 - 1 of 1

Provider Name	
Accepting Reassignment from:	
Effective Date of Information: 05/01/2018	Medicare ID(s) for provider receiving reassignment of benefits:
Social Security Number (SSN): XXX-XX-XXXX	
Date of Birth: 12/17/XXXX	
National Provider Identifier:	<input type="button" value="ADD"/>
<input type="button" value="DELETE"/>	
Practice Location Address:	
Primary Practice Location Address:	
137 S STATE ST CHICAGO, IL 60603-5608	
<input type="button" value="DELETE"/>	

Records 1 - 1 of 1

# 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:  
PaclD:  
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

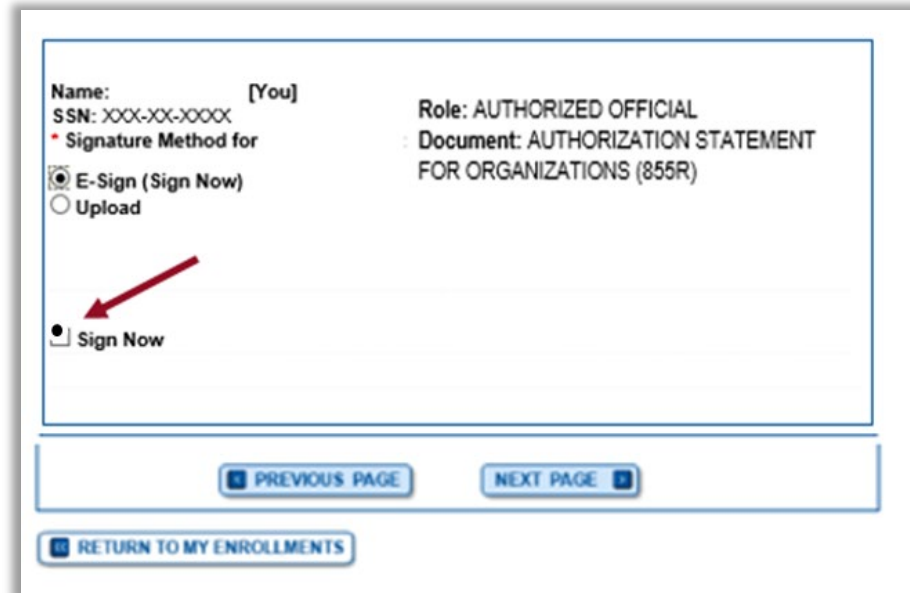
The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

\* Authorized Signer  
Please select authorized signer ▼

[NEXT PAGE >](#)

[<< RETURN TO MY ENROLLMENTS](#)

# Manage Signatures – Sign Now



This screenshot shows a web form for selecting a signature method. It includes fields for Name, SSN, and Role. The 'Document' field is labeled 'AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)'. Under 'Signature Method for', there are two radio buttons: 'E-Sign (Sign Now)' (selected) and 'Upload'. A red arrow points to a 'Sign Now' button at the bottom left of the form area. At the bottom of the page, there are buttons for 'PREVIOUS PAGE', 'NEXT PAGE', and 'RETURN TO MY ENROLLMENTS'.

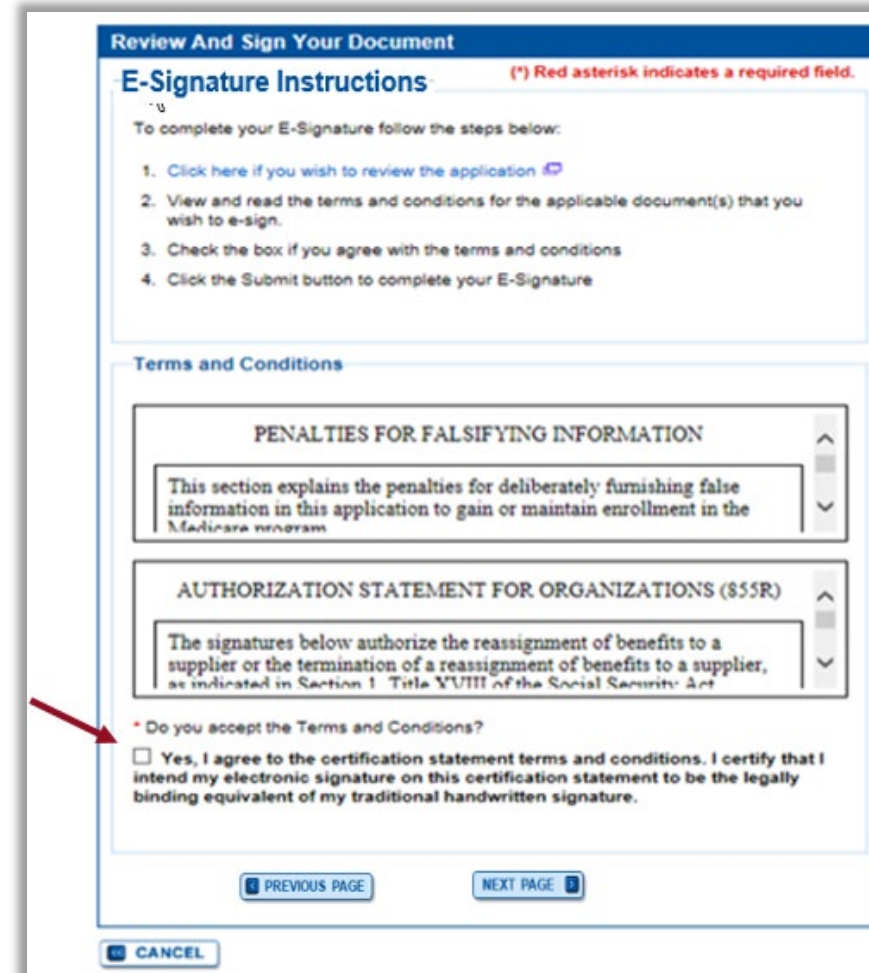
Name: [You]  
SSN: XXX-XX-XXXX  
Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

\* Signature Method for  
☒ E-Sign (Sign Now)  
☐ Upload

☐ Sign Now

PREVIOUS PAGE NEXT PAGE

RETURN TO MY ENROLLMENTS



This screenshot shows the 'Review And Sign Your Document' page. It includes 'E-Signature Instructions' and 'Terms and Conditions'. The 'Terms and Conditions' section contains two expandable boxes: 'PENALTIES FOR FALSIFYING INFORMATION' and 'AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)'. A red arrow points to a checkbox for accepting the terms and conditions. At the bottom, there are buttons for 'PREVIOUS PAGE', 'NEXT PAGE', and 'CANCEL'.

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 – Select Method

Name: DONALD DUCK  
SSN: XXX-XX-XXXX

\* Signature Method for DONALD DUCK:

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

☒ Electronic   
☐ Upload


\* Email Address 

\* Confirm Email Address

Name: DONALD DUCK  
SSN: XXX-XX-XXXX

\* Signature Method for DONALD DUCK

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


☐ Electronic  
☒ 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 INDIVIDUAL PRACTITIONERS (855R) 

Browse... **UPLOAD** 

**PREVIOUS PAGE** **NEXT PAGE**

**RETURN TO MY ENROLLMENTS**



# Submission Page

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

## 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

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

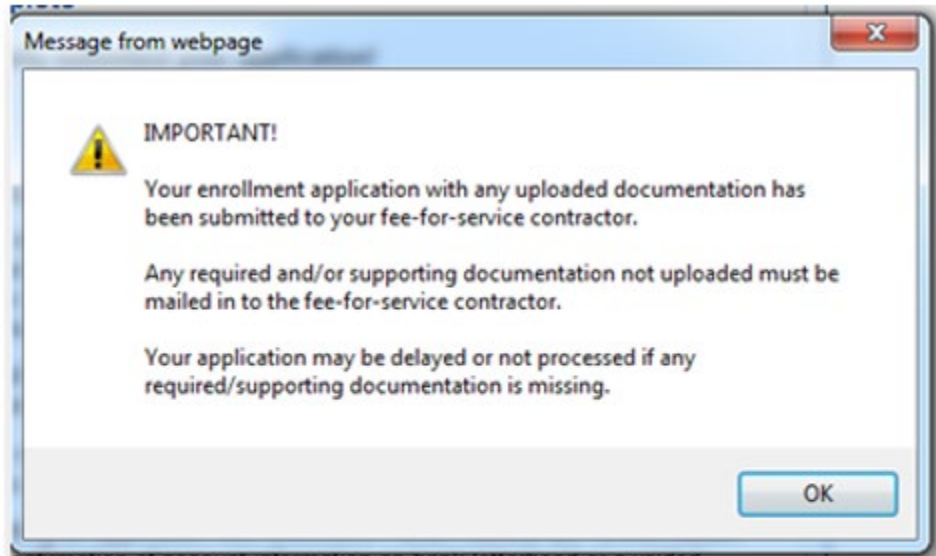
**Note:** Documents in PDF format require the [Adobe Acrobat Reader®](#) . If you  
experience problems with PDF documents, please [download the latest version of the  
Reader®](#) .

 PREVIOUS PAGE

COMPLETE SUBMISSION 

 CANCEL

# Submission Confirmation



My Application Progress  100%

## Submission Confirmation - Print Your Receipt

### Submission Complete

You have successfully submitted your application!

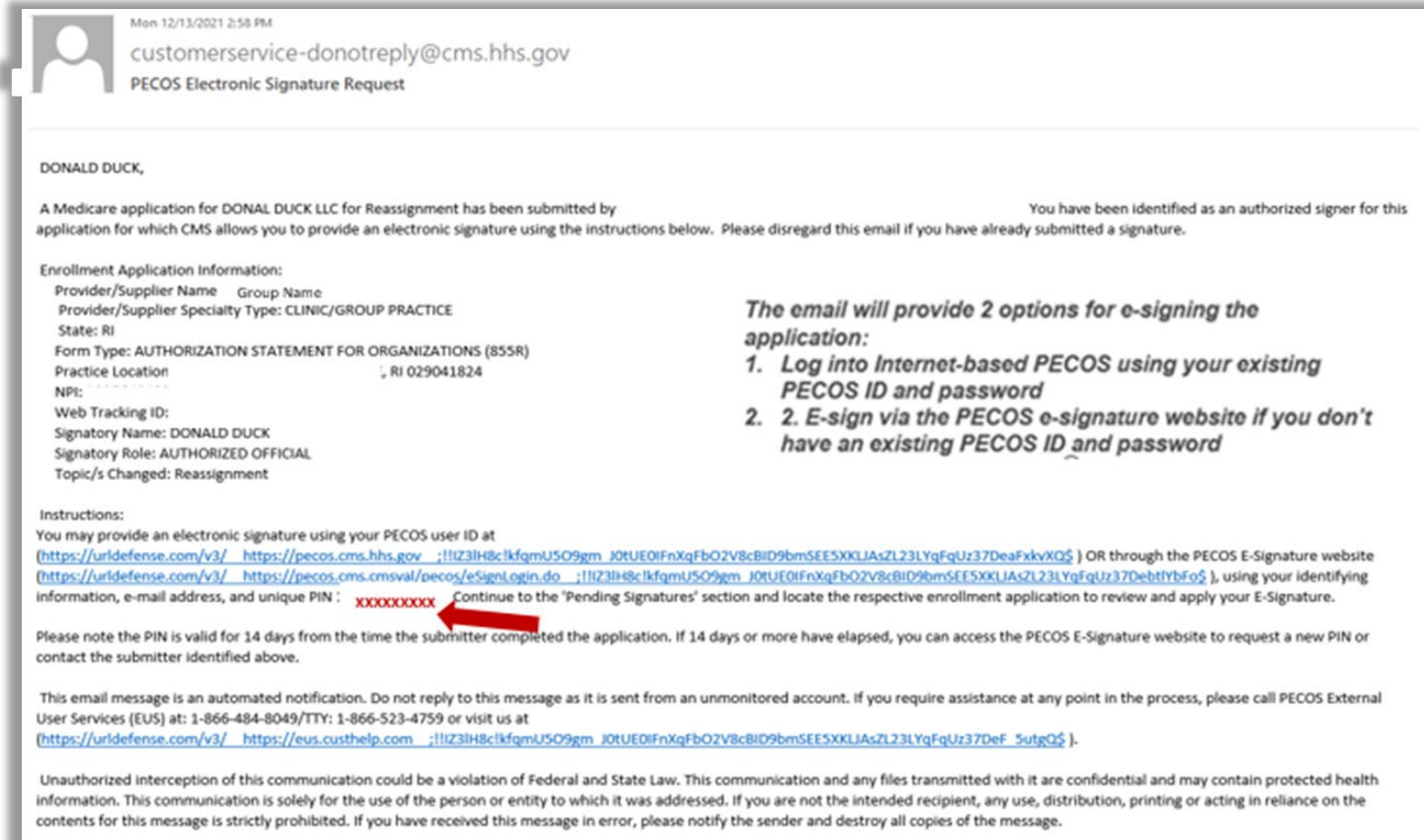
#### Remember to:

- 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!

Respond to E-Signature Email

# Email



# E-Signature – PECOS

The screenshot displays the PECOS E-Signature user interface. At the top, a 'Welcome' banner is followed by a 'Release Notes' section with a link to the latest release. Below this is a 'System Notifications' section with a note about JavaScript requirements and a 'Details' box stating there are no notifications. The 'Manage Medicare and Account Information' section contains three main areas: 'MY ASSOCIATES' (with 22 items), 'ACCOUNT MANAGEMENT' (with 20 items), and 'REVALIDATION NOTIFICATION CENTER' (with 18 items). The 'Manage Signatures' section is highlighted with a blue header and contains a sub-section 'Applications Requiring Signatures'. This sub-section lists application details: Applicant Name, TIN (EIN), Web Tracking ID, Form Type (855R), Application Submitted date (02/21/2018), Organization, Role (AUTHORIZED OFFICIAL), and Document (AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)). A 'VIEW AND SIGN' button is next to the document name. At the bottom of the 'Manage Signatures' section is a 'VIEW ALL SIGNATURES' button.

Welcome [User Name]

**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** 22

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

**ACCOUNT MANAGEMENT** 20

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

**REVALIDATION NOTIFICATION CENTER** 18

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

**Manage Signatures**

**Applications Requiring Signatures**

Applicant Name: [Name]  
TIN (EIN): [TIN]  
Web Tracking ID: [ID]  
Form Type: 855R  
Application Submitted: 02/21/2018  
Organization: [Org]  
Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) **VIEW AND SIGN** 2

**VIEW ALL SIGNATURES** 19

# E-Signature – PIN

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

The screenshot shows the 'Welcome to PECOS E-Signature Application' page. It includes a 'Remote Authentication Page' section with a warning about unauthorized access. Below this is a 'Verify Your Identity and Validate Your Application Record' section with input fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), SSN (No Format Required), Email Address, and PIN. A 'LOG IN' button is at the bottom, and a link to generate a new PIN is provided.

**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

**LOG IN**

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



# View and Sign

Welcome [redacted]

**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](#) 

# Manage Signatures, Verify Completion

# Select View/Manage Reassignments

**Existing Enrollments**

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

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

REVALIDATE

MORE OPTIONS



# Verify Signature

**Medicare Enrollment**  
for Providers and Suppliers

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 <a href="#">View Pending E-Signatures Application</a>		<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>
XXX XXXXX		PENDING E-SIGNATURES <a href="#">View Pending E-Signatures Application</a>		<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>

**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 <sup>1</sup>  
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](#)

# Signature Status

**Manage Signatures**

**Name:**  
**Web Tracking ID:**

**TIN:** XXX-XX-XXXX  
**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

[UPDATE](#) [RE-SEND EMAIL](#)

**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

[UPDATE](#) [RE-SEND EMAIL](#)

Medicare Supplier Enrollment Application  
Privacy Act Statement for Individual Practitioners

[RETURN TO MY ENROLLMENTS](#)

**Manage Signatures**

**Name:**  
**Web Tracking ID:**

**TIN:** ;

**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

**Name:**  
**SSN:** XXX-XX-XXXX  
**Signature Method:** UPLOAD

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

**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).

[UPDATE](#)  
Medicare Supplier Enrollment Application  
Privacy Act Statement for Clinics and Group Practices

[RETURN TO MY ENROLLMENTS](#)



# Upload

Home > My Associates > My Enrollments > Signatures

### 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...

**File Name:** This is void check.pdf   
**Date Uploaded:** 09/28/2018

# Process After Submission

# After Submission

- Contact person on application will receive by email
  - Acknowledgement Notice
    - Add to safe sender list
      - [customerservice-donotreply@cms.hhs.gov](mailto:customerservice-donotreply@cms.hhs.gov)
      - [NGS-PE-Communications@elevancehealth.com](mailto:NGS-PE-Communications@elevancehealth.com)
  - Development requests for additional information
    - Respond within 30 days
    - Log into PECOS to make necessary corrections or upload the required documents, verify and manage signatures
  - Response letter
    - Rejection letter for incomplete/no response to development request
    - Approval

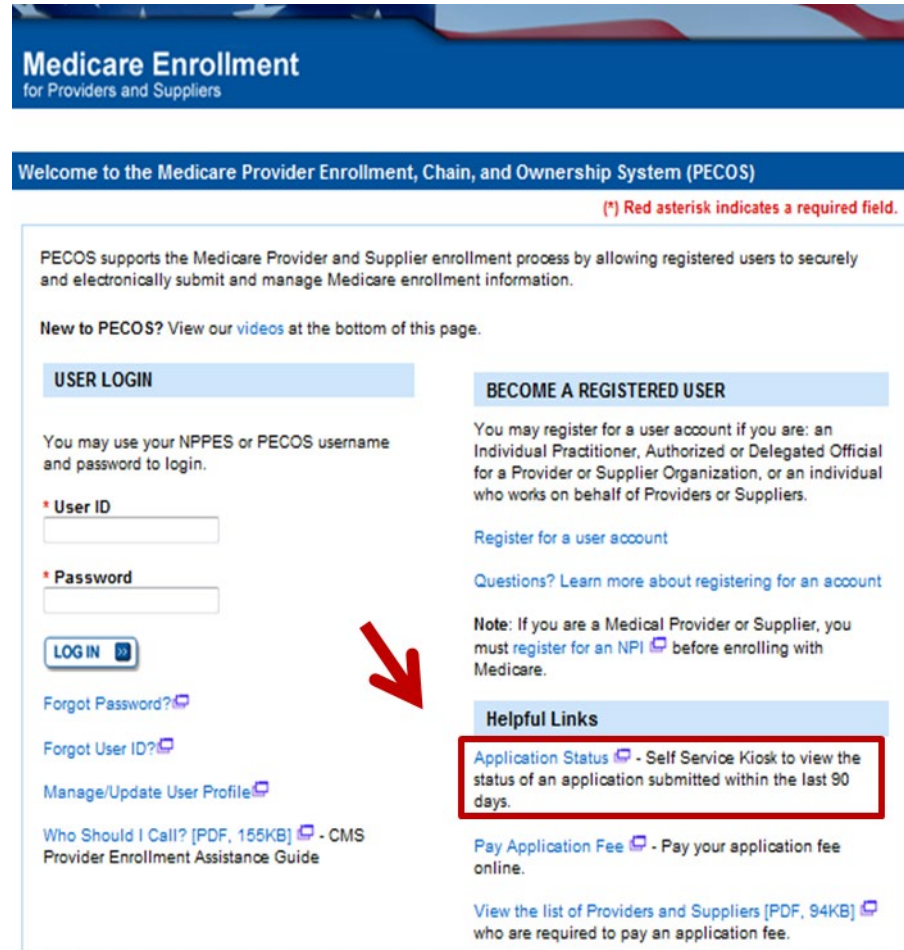
# After Submission Reminder

- Update Individual Enrollment Record
  - Correspondence address
  - Contact information

Check Application Status

# Check Application Status PECOS

- [PECOS](#)
- Helpful Links
  - 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.

# Check Application Status Tool

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

Resources > Tools & Calculators

## 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

- 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

# Online Account Self-Service Features

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

Please use your I&A (Identity & Access Management System) user ID and password to log in.

\* 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

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**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.

**Important Note:** CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee for any applications submitted on or after March 1, 2020 in response to COVID-19. Please do not submit an application fee with your application. For more information on provider enrollment flexibilities related to COVID-19, please visit the [CMS website \[PDF\]](#).

[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.

[E-Sign your PECOS application](#) - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

# Internet-Based PECOS Tutorials

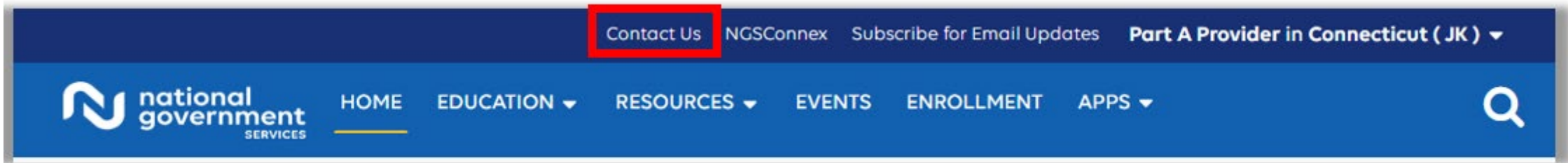
## Enrollment Tutorials

- **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 \[ZIP, 64MB\]](#)

# Contact Information

- External User Services (EUS) Website <https://eus.cms.gov>
  - Resources for PECOS, I&A and NPPES
    - Guides
    - Tutorials
    - FAQs
    - Live Chat
    - Email Address
    - Mailing Address
  - Phone numbers
    - EUS helpdesk - (866) 484-8049
    - NPI Enumerator helpdesk - (800) 465-3203

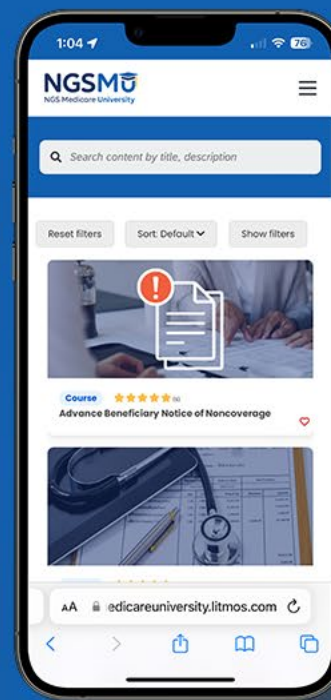
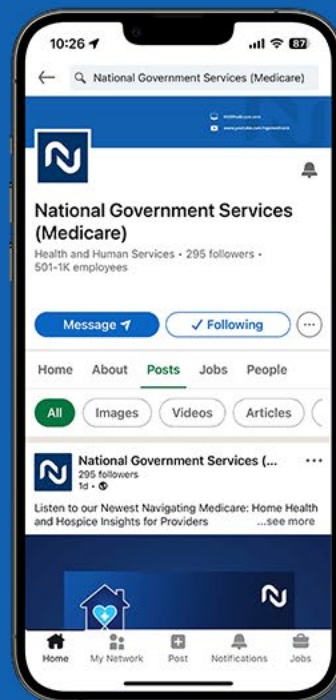
# NGS Website



## Mailing Addresses

For ADRs, claims, EDI, FOIA, medical policy,  
enrollment, or other inquiries.

## Provider Enrollment



Connect with  
us on social  
media



[YouTube Channel](#)  
Educational Videos



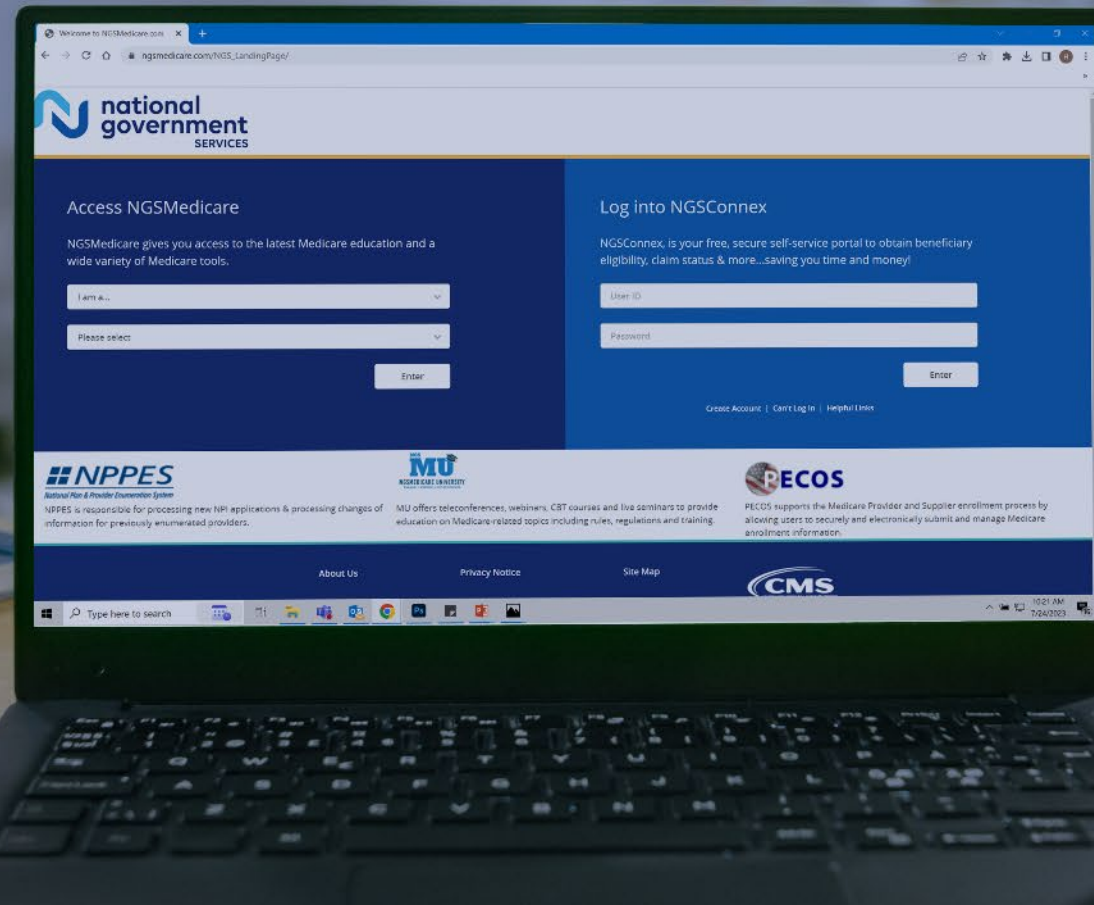
[Medicare University](#)  
Self-paced online learning



[LinkedIn](#)  
Educational Content



# Find us online



[www.NGSMedicare.com](http://www.NGSMedicare.com)

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news



# Questions?

Thank you!