

## Provider Transaction Access Number Request

The Provider Enrollment, Chain and Ownership System (PECOS) is the most efficient and fastest way to find a Provider Transaction Access Number (PTAN).

- Login to PECOS
- Select My Associates
- Scroll down under Existing Associates and select View Enrollments for the desired individual
- Scroll down under “Existing Enrollments” to appropriate record
- View “Medicare ID Report” for PTAN(s)

The PTAN can be viewed in four ways:

- Physician assistants review the physician assistants section
- Individuals review the reassignment section
- Sole proprietors or groups review the practice location section
- Groups wishing to review their group member PTANs can do so by accessing the “View/Manage Reassignments” section

If you do not have access to PECOS and would like to obtain your login information, please contact the External User Services (EUS) at 866-484-8049.

The below form may be used to request a previously issued individual or group PTAN. A request for a PTAN **must be received on company letterhead** and include all of the required elements listed below. Inquiries received without the required elements or letterhead will be returned.

**Please complete and mail the form to:**

Jurisdiction 6 Part A	Jurisdiction 6 Part B	Jurisdiction K Part A	Jurisdiction K Part B
National Government Services P.O. Box 6474 Indianapolis, IN 46206-6474	National Government Services P.O. Box 6475 Indianapolis, IN 46206-6475	National Government Services P.O. Box 7108 Indianapolis, IN 46207-7108	National Government Services P.O. Box 6178 Indianapolis, IN 46206-6475

## Provider Transaction Access Number Request

Complete Name of the Provider \_\_\_\_\_

Complete Legal Business Name (LBN)  
of the Group (if applicable) \_\_\_\_\_

Address as listed in the Medicare enrollment record:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

National Provider Identifier  
(NPI) \_\_\_\_\_

Tax Identification # (TIN or SSN) \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

- A request for a group practice PTAN must be submitted and signed by the authorized or delegated official (AO/DO). The AO/DO is the individual who has been granted the legal authority to enroll in the Medicare Program and/or to make changes or updates to a provider's status.
- If requesting an individual provider's PTAN, an individual provider signature is required.