

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.*

Return this form and supporting documentation via email to NGS.ASCA@anthem.com or mail to:

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