

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 K

National Government Services
Attn: Written Inquiries
P.O. Box 6189
Indianapolis, IN 46206-6189

Jurisdiction 6 Part A

National Government Services
Attn: Written Inquiries
P.O. Box 6474
Indianapolis, IN 46206-6474

Jurisdiction 6 Part B

National Government Services
Attn: Written Inquiries
P.O. Box 6475
Indianapolis, IN 46206-6475

Insert Letterhead Here

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.