

CSI USER ID RECERTIFICATION FORM

This form must be completed to retain access to the Claim Status Inquiry (CSI) system for Jurisdiction B.

Name: _____

USER ID: _____

Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

List the PTAN and NPI numbers that you need to continue to access below. Attach a separate list, if needed. Use the first PTAN and NPI listed to check the status of your recertification.

PTAN: _____	NPI: _____
PTAN: _____	NPI: _____
PTAN: _____	NPI: _____
PTAN: _____	NPI: _____
PTAN: _____	NPI: _____
PTAN: _____	NPI: _____

By signing below, I certify that I am only using CSI for Jurisdiction B related business. I understand that I am responsible for any activities logged under this User ID. I will report any misuse of my User ID to CGS System Security. I understand that non-compliance is considered unacceptable behavior and will result in revocation of CSI access.

Signature: _____

Date: _____

Submit this form to CGS:

Fax: 1.615.782.4510

Mail: CGS
Attn: CSI Enrollment
PO Box 20007
Nashville, TN 37202



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Originated: July 5, 2016
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