

CSI USER ID RECERTIFICATION FORM

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

Line of Business	Jurisdiction B	Jurisdiction C
Name:		
USER ID:		
Company Name:		
Phone Number:		
Address:		
City:		
State:		
Zip:		
Email:		

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 Jurisdictions B & C 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:

Jurisdiction B

Fax: 1.615.782.4510
Mail: CGS
Attn: CSI Enrollment
PO Box 20007
Nashville, TN 37202

Jurisdiction C

Fax: 1.615.782.4626
Mail: CGS
PO Box 20010
Attn: CSI Enrollment
Nashville, TN 37202



A CELERIAN GROUP COMPANY

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