

# myCGS Approver Designation Form

This form must be completed by the Authorized Official of your company as listed in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

All fields on this form are **REQUIRED**. Fax the completed form to **1.615.664.5994**.

Identify your primary DME MAC Jurisdiction:                      Jurisdiction B                      Jurisdiction C

## COMPANY INFORMATION

Company/Organization Name: \_\_\_\_\_  
Tax ID: \_\_\_\_\_  
NPI: \_\_\_\_\_  
PTAN: \_\_\_\_\_

## PECOS AUTHORIZED OFFICIAL INFORMATION

PECOS Authorized Official Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

## DESIGNATED APPROVER

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

I authorize the individual listed above to act as an approver for my company in the myCGS Web portal. This individual will have authority to approve all users for all combinations of Tax ID, NPI, and PTAN of my company, within myCGS.

PECOS Authorized  
Official Signature: \_\_\_\_\_  
(please print name)                      (please sign printed form)

Date: \_\_\_\_\_