MEDICARE ENROLLMENT APPLICATION

REGISTRATION FOR ELIGIBLE ORDERING AND REFERRING PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS

CMS-855O

SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION AND FOR INFORMATION ON WHERE TO MAIL THIS COMPLETED APPLICATION.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1135

WHO SHOULD COMPLETE AND SUBMIT THIS APPLICATION

Most physicians and non-physician practitioners enroll in the Medicare program to be reimbursed for the covered services they furnish to Medicare beneficiaries. However, with the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to register in the Medicare program for the sole purpose of ordering or referring items or services for Medicare beneficiaries. These physicians and non-physician practitioners do not and will not send claims to a Medicare Administrative Contractor for the services they furnish. The physicians and non-physician practitioners who may register in Medicare solely for the purpose of ordering and referring include, but are not limited to, those who are:

- Employed by the Department of Veterans Affairs (DVA)
- Employed by the Public Health Service (PHS)
- Employed by the Department of Defense (DOD)/Tricare
- Employed by the Indian Health Service (IHS) or a Tribal Organization
- Employed by Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) or Critical Access Hospitals (CAH)
- Licensed and Non-licensed Interns, Residents and Fellows in an approved medical residency program
- Dentists, including oral surgeons
- Pediatricians

Once registered, you will be placed on the Medicare Ordering and Referring Registry and will be deemed eligible to order and refer patients to Medicare enrolled providers and suppliers.

Physicians and non-physician practitioners can apply to register for the sole purpose of ordering and referring items and/or services to beneficiaries in the Medicare program or make a change in their registration information using either:

- The Internet-based Provider Enrollment, Chain and Ownership System (PECOS), or
- The paper CMS-855O application. Be sure you are using the most current version.

For additional information regarding the Medicare Ordering and Referring registration process, including Internet-based PECOS and to get a copy of the most current CMS-855O application, go to **https://www.cms.gov/MedicareProviderSupEnroll**.

The information you provide on this form will not be shared. It is protected under 5 U.S.C. Section 552(b)(4) and/or (b)(6), respectively. See the last page of this application to read the Privacy Act Statement.

NATIONAL PROVIDER IDENTIFIER INFORMATION

The National Provider Identifier (NPI) is the standard unique health identifier for health care providers and suppliers and is assigned by the National Plan and Provider Enumeration System (NPPES). **As a registering Medicare supplier, you must obtain an NPI prior to registering in Medicare.** Applying for the NPI is a process separate from Medicare registration or enrollment. To obtain an NPI, you may apply online at **https://NPPES.cms.hhs.gov/NPPES/Welcome.do**. For more information about NPI enumeration, visit **https://www.cms.gov/NationalProvIdentStand**.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

All information on this form is required with the exception of those fields specifically marked as "optional." Any field marked as optional is not required to be completed nor does it need to be updated or reported as a "change of information" as required in 42 CFR § 424.516. However, it is highly recommended that once reported, these fields be kept up-to-date.

- Type or print all information so that it is legible. Do not use pencil. Blue ink is preferred.
- Complete all applicable sections and furnish your NPI.
- Keep a copy of your completed Medicare registration application for your records.
- Sign and date Section 8 of this application using blue ink.

ACRONYMS COMMONLY USED IN THIS APPLICATION

MAC: Medicare Administrative Contractor **PECOS:** Provider Enrollment Chain and Ownership System

NPI: National Provider Identifier

WHERE TO MAIL YOUR APPLICATION

The MAC that services your State is responsible for processing your registration application. To locate the mailing address for your designated MAC, go to **https://www.cms.gov/MedicareProviderSupEnroll.**

SECTION 1: BASIC INFORMATION

A. REASON FOR SUBMITTING THIS APPLICATION

Check one box and complete the sections of this application as indicated.

☐ You are registering for the sole purpose of ordering/referring	Complete all sections
☐ You are currently registered solely to order and refer and are updating your information	Complete Section 2A, all other applicable sections and Section 8
☐ You are voluntarily withdrawing your Medicare registration to solely order and refer	Complete Section 2A (Name, SSN and NPI) and Section 8

B. REASON YOU ARE REGISTERING SOLELY TO ORDER OR REFER

You are registering in Medicare solely to order or refer because you are (check one):

- ☐ Employed by the DVA
- ☐ Employed by the PHS
- ☐ Employed by the DOD/Tricare
- ☐ Employed by the IHS or a Tribal Organization
- ☐ Employed by a Medicare-enrolled FQHC
- ☐ Employed by a Medicare-enrolled RHC
- ☐ Employed by a Medicare-enrolled CAH
- ☐ Physician not employed by any of the above
- ☐ Non-physician practitioner not employed by any of the above
- ☐ Licensed intern resident or fellow not employed at any of the above
- ☐ Non-Licensed intern, resident or fellow not employed at any of the above
- ☐ Dentist not employed by any of the above
- ☐ Pediatrician not employed by any of the above
- ☐ Other *(Specify):* _____

SECTION 2: IDENTIFYING INFORMATION

A. PERSONAL INFORMATION

Your name, date of birth, and social security number must match your social security record.

First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Other Name, First	**Middle Initial**	**Last Name**	**Jr., Sr., M.D., etc.**

Type of Other Name

☐ Former or Maiden Name ☐ Professional Name ☐ Other *(Describe)*:_____

Social Security Number (SSN)	Date of Birth *(mm/dd/yyyy)*	Gender ☐ Male ☐ Female

Medicare Identification Number (PTAN) *(if issued)*	National Provider Identifier (NPI) (Type 1 – Individual)

B. EDUCATIONAL INFORMATION

Medical or other Professional School *(Training Institution, if non-MD)*	Year of Graduation *(yyyy)*

C. LICENSE/CERTIFICATION/REGISTRATION INFORMATION

1. License Information

☐ License Not Applicable

License Number	Effective Date *(mm/dd/yyyy)*	State Where Issued

2. Certification Information

☐ Certification Not Applicable

Certification Number	Effective Date *(mm/dd/yyyy)*	State Where Issued

3. Drug Enforcement Agency (DEA) Registration Information

☐ Registration Not Applicable

DEA Registration Number	Effective Date *(mm/dd/yyyy)*	State Where Issued

SECTION 3: FINAL ADVERSE LEGAL ACTIONS

This section captures information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

A. CONVICTIONS

1. If you were, within the last 10 years preceding enrollment/registration, convicted of a Federal or State felony offense, you must report it in this section. Reportable offenses include, but are not limited to:
   - Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions;
   - Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions;
   - Any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and
   - Any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 CFR § Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any past or current Medicare payment suspension under any Medicare billing number.
5. Any Medicare revocation of any Medicare billing number.

C. FINAL ADVERSE LEGAL ACTION HISTORY

If you are reporting a change in this section, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

1. Have you, under any current or former name, ever had a final adverse legal action listed above imposed against you?

   ☐ YES–Continue Below ☐ NO–Skip to Section 4

2. If yes, report each final adverse legal action, when it occurred, the Federal or State agency or the court/ administrative body that imposed the action, and the resolution, if any.

Attach a copy of the relevant final legal adverse action documents.

FINAL ADVERSE LEGAL ACTION	DATE	TAKEN BY	RESOLUTION

SECTION 4: MEDICAL SPECIALTY INFORMATION

A. PHYSICIAN SPECIALTY

Check your primary specialty below. Only check one (1) specialty. Physicians must meet all State requirements for the type of specialty checked.

- ☐ Addiction Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Cardiac Electrophysiology
- ☐ Cardiac Surgery
- ☐ Cardiovascular Disease (Cardiology)
- ☐ Colorectal Surgery (Proctology)
- ☐ Critical Care (Intensivists)
- ☐ Dermatology
- ☐ Diagnostic Radiology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Practice
- ☐ Gastroenterology
- ☐ General Practice
- ☐ General Surgery
- ☐ Geriatric Medicine
- ☐ Geriatric Psychiatry
- ☐ Gynecological Oncology
- ☐ Hand Surgery
- ☐ Hematology
- ☐ Hematology/Oncology
- ☐ Hospice/Palliative Care
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Interventional Pain Management
- ☐ Interventional Radiology
- ☐ Maxillofacial Surgery
- ☐ Medical Oncology
- ☐ Nephrology
- ☐ Neurology
- ☐ Neuropsychiatry
- ☐ Neurosurgery
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Ophthalmology
- ☐ Optometry
- ☐ Oral Surgery (Dentist only)
- ☐ Orthopedic Surgery
- ☐ Osteopathic Manipulative Medicine
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Pathology
- ☐ Pediatric Medicine
- ☐ Peripheral Vascular Disease
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic and Reconstructive Surgery
- ☐ Podiatry
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Pulmonary Disease
- ☐ Radiation Oncology
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Sports Medicine
- ☐ Surgical Oncology
- ☐ Thoracic Surgery
- ☐ Urology
- ☐ Vascular Surgery
- ☐ Undefined Physician Specialty *(Specify)*:_____

B. NON–PHYSICIAN SPECIALTY

If you are a non-physician practitioner, check the appropriate box to indicate your specialty.

All non-physician practitioners must meet specific licensing, certification, educational and work experience requirements. If you need information concerning the specific requirements for your specialty, contact your designated MAC.

Check only one of the following:

- ☐ Certified Nurse Midwife
- ☐ Clinical Nurse Specialist
- ☐ Clinical Psychologist
- ☐ Clinical Social Worker
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Unlisted Non-Physician Practitioner Type *(Specify)*:

_____

SECTION 5: IMPORTANT ADDRESS INFORMATION

CORRESPONDENCE MAILING ADDRESS

Once registered, the address provided below will be used by the MAC if it needs to contact you directly.

Business Location Name		
Attention *(optional)*		
Mailing Address Line 1 *(P.O. Box or Street Name and Number)*		
Mailing Address Line 2 *(Suite, Room, Apt. #, etc.)*		
City/Town	State	ZIP Code + 4
Telephone Number	Fax Number *(if applicable)*	
E-mail Address *(if applicable)*		

SECTION 6: CONTACT PERSON INFORMATION

If questions arise during the processing of this application, your designated MAC will attempt to contact you directly at the location given in Section 5. If you are not available, you may designate an alternate contact person below.

First Name	Middle Initial	Last Name	Jr., Sr., MD., etc.
Address Line 1 *(P.O. Box or Street Name and Number)*			
Address Line 2 *(Suite, Room, Apt. #, etc.)*			
City/Town		State	ZIP Code + 4
Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*	
Relationship or Affiliation to You			

NOTE: The Contact Person reported in this section will only be authorized to discuss issues concerning this registration application. Your designated MAC will not discuss any other registration or Medicare issues about you with the above Contact Person.

NOTE: The Medicare Administrative Contractor (MAC) may request, at any time during the registration process, documentation to support and validate information reported on this application. You are responsible for providing this documentation in a timely manner, usually within 30 days.

SECTION 7: PENALTIES FOR FALSIFYING INFORMATION ON THIS APPLICATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain registration in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program. The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
   a) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
   b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
   c) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

   The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government
4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency…a claim…that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a) was not provided as claimed; and/or
   b) the claim is false or fraudulent.
5. This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.
6. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.
7. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to executive a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any, health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
8. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

   Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

SECTION 8: CERTIFICATION STATEMENT AND SIGNATURE

As an individual practitioner, you are the only person who can sign this application. The authority to sign this application on your behalf may not be delegated to any other person.

The Certification Statement contains certain standards that must be met for initial and continuous registration in the Medicare program solely to order and refer items and services for Medicare beneficiaries. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to all of the requirements listed herein and acknowledge that you may be denied or revoked from registering in the Medicare program if any requirements are not met.

A. CERTIFICATION STATEMENT

You **MUST SIGN AND DATE** the certification statement below in order to be registered in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

Under the penalty of perjury, I, the undersigned, certify to the following:

1. I understand that if I wish to be reimbursed by Medicare for services I have performed, I must first enroll in Medicare as an individual supplier using the CMS-855I.
2. I have read the contents of this application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct and complete, I agree to notify my designated MAC immediately.
3. I authorize the MAC to verify the information contained herein. I agree to notify the MAC of any changes to the information to this form within 90 days of the effective date of change. I understand that any change to my status as an individual practitioner may require the submission of a new application.
4. I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil and/or administrative penalties including, but not limited to the imposition of fines, civil damages and/or imprisonment.
5. I agree to abide by all Medicare regulations, program instructions and Title XVIII of the Social Security Act. The Medicare laws, regulations and program instructions are available through the MAC. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on my compliance with all applicable conditions of participation in Medicare.
6. I will not knowingly order and/or refer an item and/or service that allows a false or fraudulent claim to be presented for payment by Medicare.
7. I further certify that I am the individual practitioner who is applying for the sole purpose of ordering and referring items or services to Medicare beneficiaries, and I have signed and dated this application.

B. SIGNATURE AND DATE

First Name (Print)	Middle Initial	Last Name (Print)	Jr., Sr., M.D., etc.
Practitioner Signature *(First, Middle, Last Name, Jr., Sr., M.D., etc.)*			Date Signed *(mm/dd/yyyy)*

All signatures must be original and signed in blue ink. Applications with signatures deemed not original or not dated will not be processed. Stamped, faxed or copied signatures will not be accepted.

MEDICARE SUPPLIER REGISTRATION APPLICATION PRIVACY ACT STATEMENT

The Authority for maintenance of the system is given under provisions of sections 1102(a) (Title 42 U.S.C. 1302(a)), 1128 (42 U.S.C. 1320a–7), 1814(a)) (42 U.S.C. 1395f(a)(1), 1815(a) (42 U.S.C. 1395g(a)), 1833(e) (42 U.S.C. 1395I(3)), 1871 (42 U.S.C. 1395hh), and 1886(d)(5)(F), (42 U.S.C. 1395ww(d)(5)(F) of the Social Security Act; 1842(r) (42 U.S.C. 1395u(r)); section 1124(a)(1) (42 U.S.C. 1320a–3(a)(1), and 1124A (42 U.S.C. 1320a–3a), section 4313, as amended, of the BBA of 1997; and section 31001(i) (31 U.S.C. 7701) of the DCIA (Pub. L. 104–134), as amended.

The information collected here will be entered into the Provider Enrollment, Chain and Ownership System (PECOS).

PECOS will collect information provided by an applicant related to identity, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, electronic funds transfer, the NPI and related organizations. PECOS will also maintain information on business owners, chain home offices and provider/chain associations, managing/ directing employees, partners, authorized and delegated officials, supervising physicians of the supplier, ambulance vehicle information, and/or interpreting physicians and related technicians. This system of records will contain the names, social security numbers (SSN), date of birth (DOB), and employer identification numbers (EIN) and NPI's for each disclosing entity, owners with 5 percent or more ownership or control interest, as well as managing/directing employees. Managing/directing employees include general manager, business managers, administrators, directors, and other individuals who exercise operational or managerial control over the provider/ supplier. The system will also contain Medicare identification numbers (i.e., CCN, PTAN and the NPI), demographic data, professional data, past and present history as well as information regarding any adverse legal actions such as exclusions, sanctions, and felonious behavior.

The Privacy Act permits CMS to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The CMS will only release PECOS information that can be associated with an individual as provided for under Section III "Proposed Routine Use Disclosures of Data in the System." Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. Below is an abbreviated summary of the six routine uses. To view the routine uses in their entirety go to: **http://www.cms.gov/RegulationsandGuidance/Guidance/PrivacyActSystemofRecords/downloads/0532.pdf**.

1. To support CMS contractors, consultants, or grantees, who have been engaged by CMS to assist in the performance of a service related to this collection and who need to have access to the records in order to perform the activity.
2. To assist another Federal or state agency, agency of a state government or its fiscal agent to:
   a. Contribute to the accuracy of CMS's proper payment of Medicare benefits,
   b. Enable such agency to administer a Federal health benefits program that implements a health benefits program funded in whole or in part with federal funds, and/or
   c. Evaluate and monitor the quality of home health care and contribute to the accuracy of health insurance operations.
3. To assist an individual or organization for research, evaluation or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for payment related projects.
4. To support the Department of Justice (DOJ), court or adjudicatory body when:
   a. The agency or any component thereof, or
   b. Any employee of the agency in his or her official capacity, or
   c. Any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee, or
   d. The United States Government, is a party to litigation and that the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which CMS collected the records.
5. To assist a CMS contractor that assists in the administration of a CMS administered health benefits program, or to combat fraud, waste, or abuse in such program.
6. To assist another Federal agency to investigate potential fraud, waste, or abuse in, a health benefits program funded in whole or in part by Federal funds.

The applicant should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1135. The time required to complete this information collection is estimated to be 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.