

myCGS Recertification 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 #

DESIGNATED APPROVER

Name

Title

Email Address

Phone #

Date of Birth

Last 4 Digits of Social Security Number

myCGS User ID

I recertify 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: