

# PLEASE INCLUDE THIS COMPLETED PROVIDER ENROLLMENT FORM WITH THE SUBMISSION OF REBUTTAL

**Provider/Supplier Name:** \_\_\_\_\_

**National Provider Identifier (NPI):** \_\_\_\_\_

**PTAN:** \_\_\_\_\_

**Document Control Number (DCN):** \_\_\_\_\_

**Submitter's Email Address:** \_\_\_\_\_

**Submitter's Address:** \_\_\_\_\_

**Submitter's Fax Number (If Applicable):** \_\_\_\_\_

**Medicare Administrative Contractor:** CGS Administrators, LLC

At minimum, the rebuttal submission must:

- 1) Be received within 15 calendar days from the date of the deactivation notice;
- 2) Specify the facts or issues with which the provider or supplier disagrees, and the reasons for disagreement;
- 3) Include all documentation and information the provider or supplier would like to be considered in reviewing the deactivation;
- 4) Be submitted in the form of a letter that is signed and dated by the individual provider, supplier, the authorized or delegated official, or a legal representative. The provider's or supplier's contact person (as listed in section 13 of the Form CMS-855) does not qualify as a "legal representative" for purposes of signing a rebuttal request. If the legal representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to constitute notice. If the legal representative is not an attorney, the provider or supplier must file written notice of the appointment of a representative with CMS. This notice of appointment must be signed and dated by the individual provider or supplier, the authorized or delegated official, or a legal representative.

Please send this form, the rebuttal submission, the deactivation letter, and all supporting documentation applicable to the rebuttal of the deactivation to one of the following:

**Rebuttal mailing address:** CGS Administrators, LLC  
J15 Part B Provider Enrollment Department  
PO Box 20017  
Nashville, TN 37202-0013

**Rebuttal fax number (Kentucky):** 1.615.664.5915

**Rebuttal fax number (Ohio):** 1.615.664.5925

**Rebuttal email address:** [J15.Provider.Enrollment@cgsadmin.com](mailto:J15.Provider.Enrollment@cgsadmin.com)

