

CHANGE OF CONTACT

If contact information needs to be updated, please complete and email to the following addresses:

- Part A: j15star@cgsadmin.com
- HHH: j15cracceptance@cgsadmin.com

To update Facility addresses – the CMS 855A form must be used.

Please Note: The administrator or an authorized official must sign this form.

PROVIDER INFORMATION

Please print or fill out electronically.

Provider Number (six digits):

Provider Name:

MAIN CONTACT

Mail correspondence related to cost reports and reimbursement information to the attention of this person.

Contact Name:

Title:

E-mail:

Address:

Phone Number:

Fax Number:

FQHC/RHC PROVIDERS ONLY

Cost Report Filing Information (Please check one):

This facility will file a separate and Independent cost report.

This facility will be consolidated with its related facilities
on one cost report and filed under provider number:

This provider number is associated with FI/MAC number:

Please specify the FI/MAC name as well.

Signature:

Date:

