

**Medicare Shared Savings Program Accountable Care Organization
Form CMS-588 Electronic Funds Transfer Cover Sheet**

TYPE OF FORM CMS-588

New Revising Existing Form-588 Verify Account Information

TYPE YOUR ACO LEGAL ENTITY INFORMATION

ACO ID # (A+4 digits): **A** _____

ACO Legal Business Name: _____

ACO Tax Identification Number (TIN): _____

ACO Tax Status: Profit Non-profit

REASON FOR REVISION

Complete only if you are revising an existing Form CMS-588 (select all revisions that apply)

- Name
- TIN
- Financial Institution
- Contact Person
- Authorization - Signature
- Other Information

SEND BANKING INFORMATION TO SHARED SAVINGS PROGRAM

- For new Form CMS-588 or revisions to an existing CMS-Form 588, send the [ACO Banking Form Cover Sheet](#), original signed form (not digital or photocopied) and supporting documentation in the form of a bank letter or bank printed voided check using overnight mail that can be tracked (like FedEx or UPS) to:

Centers for Medicare & Medicaid Services
Attention: Jonnice McQuay
7500 Security Blvd
Mail Stop C5-15-12

Location C4-02-02
Baltimore, MD 21244-1850

- For verifying account information, send the [ACO Banking Form Cover Sheet](#), a copy of your initial Form CMS-588 (or your newly completed Form CMS-588) and supporting documentation in the form of a bank letter or bank printed voided check using overnight mail that can be tracked (like FedEx or UPS) to:

Centers for Medicare & Medicaid Services
Attention: Jonnice McQuay
7500 Security Blvd
Mail Stop C5-15-12
Location C4-02-02
Baltimore, MD 21244-1850