

## Electronic Signature How To Guide

The Provider Enrollment, Chain, and Ownership System (PECOS) allows authorized providers and suppliers to electronically sign their Medicare enrollment applications. Utilizing the electronic signature process ensures faster application submission, resulting in an earlier effective date. This feature does not change who is required to sign the application.

In PECOS, all individual practitioners are required to e-sign the Certification and Authorization Statements as part of the submission process. This applies to Physicians and Non-Physician Practitioners, including those enrolling just to order and refer. All Organizational users will have an authorized signer to electronically sign their certification statements as part of the submission process.

Any Individual Provider application (855-I) containing new reassignments (855-R) can be electronically signed as part of the submission process; however, you must select the Authorized Official (AO) or Delegated official (DO) for the Organization that is accepting the reassignment and enter that official's email address. The official will then be required to electronically sign the application by following the instructions in an email generated by PECOS.

If an individual provider or AO/DO does not want to use the e-signature process, they can print, sign, and upload the signed statement. Printed and mailed certification statements will no longer be accepted by their Medicare Administrative Contractor for online application submissions. Mailed certification statements are still acceptable for paper submissions.

### **Individual Enrolling and Reassigning Benefits Workflow:**

***Step 1: Provider Logs into PECOS at <https://pecos.cms.hhs.gov/>.***

**Medicare Enrollment**  
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(\*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

**USER LOGIN**

Please use your I&A (Identity & Access Management System) user ID and password to log in.

\* User ID

\* Password

**LOG IN**

[Forgot Password?](#)

[Forgot User ID?](#)

**BECOME A REGISTERED USER**

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

[Questions? Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

**Helpful Links**

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

***PECOS is accessed by the same user ID and Password used for National Plan and Provider Enumeration System (NPPES)***

## Step 2: Provider Selects My Associates

### Welcome Daniel Plainview

#### Release Notes

Want to learn what's new in the latest PECOS release? Please review the [Release Notes\[PDF\]](#).

#### System Notifications

**Note:** JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

#### Details

- Some features of PECOS are not compatible with IE 10 and IE 11 browsers. These issues can be remediated by enabling Compatibility View. For assistance, please contact your internal IT support helpdesk.  
For more details on this compatibility view settings for IE 10 please go to the following [site](#) .
- For more details on this compatibility view settings for IE 11 please go to the following [site](#) .

#### Manage Medicare and Account Information

**MY ASSOCIATES** 

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

**ACCOUNT MANAGEMENT** 

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

*Step 3: Provider selects View Enrollments for the correct Associate.*

**Individuals**

Records 1 - 2 of 2

Name: DANIEL PLAINVIEW TIN: XXX-XX-XXXX [VIEW ENROLLMENTS >>](#)

Name: PLAINVIEW, DANIEL NPI:  [VIEW ENROLLMENTS >>](#)

Records 1 - 2 of 2

**Organizations**

Records 1 - 2 of 2

Name: BIGMEDICAL TIN:  [VIEW ENROLLMENTS >>](#)

Name: WILDMAN HEALTH PROVIDERS INC TIN:  [VIEW ENROLLMENTS >>](#)

Records 1 - 2 of 2

**Step 4: From the My Enrollments page, the provider scrolls to the enrollment they would like to e-sign and selects More Options.**

**Existing Enrollments**

Contractor: FIRST COAST SERVICE OPTIONS, INC.  
Enrollment Type: 855I  
Type/Specialty: FAMILY PRACTICE  
Medicare ID: PROV1234  
[View Medicare ID Report](#)  
State: FLORIDA  
Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

| Type of Update        | Status                                     | Tracking ID      | Action   |
|-----------------------|--|------------------|--|
| Change of Information | EDIT <a href="#">View Edit Application</a> | T071620130000000 | <a href="#">VIEW</a><br><a href="#">MORE OPTIONS</a> |

**New Enrollments**

Enrollment Type: 855I  
Type/Specialty: FAMILY PRACTICE  
State: NEW JERSEY  
Status: NEW [View New Application](#)  
Tracking ID: T071620130000001

[VIEW](#)  
[MORE OPTIONS](#)

**Step 5: Provider chooses the option to continue working on application.**

Home > [My Enrollments](#) > Application Questionnaire

**Application Questionnaire**

(\*) Red asterisk indicates a required field.

**Approved Existing Provider Enrollment**

\* What type of action is the applicant trying to perform?

Continue Working on Application

Delete Application

[NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

**Step 6: Provider completes online Enrollment Application (Topic View or Fast Track View).**

**Topic View** Fast Track View Error/Warning Check 5

Enrollment ID: I20130529000017  
PacID: 3577700301I20130529000017  
Web Tracking ID: T071620130000000  
Individual Provider NPI: 1073893998

**Reason for Application**  
Enrolled Practitioner is Updating their Enrollment by Adding, Deleting, and/or Changing Information  
**EDIT REASON**

**Medicare ID Report**  
Select the hyperlink to view the Medicare ID Report:  
[View Medicare ID Report](#)

**Topics**  
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.  
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.  
This application is collecting the following topics:

| Completed | Topics  |
|-----------|---|
| —         | <a href="#">Personal Information</a> <b>+</b> more information about Personal Information     |
| ✓         | <a href="#">Practitioner Specialty</a> <b>+</b> more information about Practitioner Specialty |
| ✓         | <a href="#">PAR Status Information</a> <b>+</b> more information about PAR Status Information |

**Topic View**

**Topic View** **Fast Track View** Error/Warning Check 4

Enrollment ID: I20130529000017  
PacID: 3577700301I20130529000017  
Web Tracking ID: T071620130000000  
Individual Provider NPI: 1073893996

**Reason for Application**  
Enrolled Practitioner is Updating their Enrollment by Adding, Deleting, and/or Changing Information  
**EDIT REASON**

**Topics**  
**Personal Information**  
JOHN PROVIDER  
Date of Birth: 07/12/XXXX  
Social Security Number: XXX-XX-XXXX  
Gender: Male  
IRS Proprietary/Non-Profit Status:  
Accepting New Patients: Yes  
Country of Birth:  
Medical School or other Professional School: BAYLOR COLLEGE OF DENTISTRY/TEXAS A AND M UNIVERSITY  
Year of Graduation: 1998  
**GO TO TOPIC**

**Fast Track View**

**Step 7: Once all topics have been completed and all errors corrected, if applicable, the provider selects begin submission.**

| Completed | Topics   |
|-----------|--|
| ✓         | <a href="#">Personal Information</a> more information about Personal Information   |
| ✓         | <a href="#">Practitioner Specialty</a> more information about Practitioner Specialty                                     |
| ✓         | <a href="#">Reassignment</a> more information about Reassignment   |
| ✓         | <a href="#">Resident/Fellow Status</a> more information about Resident/Fellow Status                                     |
| ✓         | <a href="#">Correspondence Address</a> more information about Correspondence Address                                     |
| ✓         | <a href="#">License and Certification Information</a> more information about License and Certification Information       |
| ✓         | <a href="#">Final Adverse Actions</a> more information about Final Adverse Actions                                       |
| ✓         | <a href="#">Organization Control</a> more information about Organization Control   |
| ✓         | <a href="#">Contact Person</a> more information about Contact Person   |
| ✓         | <a href="#">Required and/or Supporting Documentation</a> more information about Required and/or Supporting Documentation |

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

**BEGIN SUBMISSION**

**Step 8: Provider identifies the Authorized Official (AO) for the entity receiving the reassigned benefits.**

[Home](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Submission Process](#)

### Select Signatories

(\*) Red asterisk indicates a required field.

#### Signatories for accepting a Reassignment(s)

You must identify the Authorized Signer for the party receiving reassigned benefits. An email will be sent to the authorized signer(s) notifying them that their signature is required for Reassignment.

NEW JERSEY ASSOCIATES IN MEDICINE, PA

Please select the Authorized Signer:

**-Please select authorized signer Org**

**NEXT PAGE**

**Step 9: Provider selects a signature method for each identified signer.**

Home > My Associates > My Enrollments > Initial Enrollment > Submission Process

### Manage Signatures

(\*) Red asterisk indicates a required field.

Name: GOPAL JIV      TIN: XXX-XX-XXXX  
Web Tracking ID: T112420200000000      NPI: 1295705051

PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

**Note:** Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents.**

**Please select a signature method for each signer:**

Name: ANASVA SOLOIA  
SSN: XXX-XX-XXXX      Role: AUTHORIZED OFFICIAL  
\* Signature Method for ANASVA SOLOIA:      Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Electronic  
 Upload

\* Email Address  
\_\_\_\_\_  
\* Confirm Email Address  
\_\_\_\_\_

The Provider selects the Electronic method for the Authorized Official (AO), and enters an email address to notify the AO that an enrollment is pending their signature.

## Manage Signatures

(\*) Red asterisk indicates a required field.

Name: GOPAL JIV  
Web Tracking ID: T112420200000031

TIN: XXX-XX-XXXX  
NPI: 5786485648

PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

**Note:** Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents**.

Please select a signature method for each signer:

Name: ANASVA SOLOIA  
SSN: XXX-XX-XXXX

\* Signature Method for ANASVA SOLOIA:

Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Electronic  
 Upload

**Note:** You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Browse...

UPLOAD 

The provider selects the Upload method for the AO. The provider can upload the signature document now or after submission.

**Step 10: Provider reviews and agrees to the Terms and Conditions.**

**E-Signature Submission** (\*) Red asterisk indicates a required field.

**E-Signature Instructions**

To e-sign the enrollment application, follow the steps below:

1. Review all documentation prior to e-signing.
2. Review all applicable terms and conditions.
3. Accepting all applicable terms and conditions is a requirement to e-sign.

**Certification Statement Terms and Conditions**

The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to the following requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met.  
You must sign the Certification Statement below in order to be enrolled in the Medicare program.

\* Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

**Authorization Statement Terms and Conditions**

**AUTHORIZATION STATEMENT (855R)**

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1, Title XVIII of the Social Security Act prohibits payment for services provided by an individual practitioner to be paid to another individual or supplier unless the individual practitioner who provided the services specifically authorizes another individual or supplier (employer,

\* Do you accept the Terms and Conditions?

Yes, I agree to the Authorization statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[PREVIOUS PAGE](#) [NEXT PAGE](#)

Provider must agree to the terms and conditions by checking both boxes. By accepting the terms and conditions the provider's e-signature is complete.

**Step 11: Provider selects their fee-for-service contractor from the drop down box and clicks Apply.**

**Submission Page** (\*) Red asterisk indicates a required field.

**Contact and Processing**

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your application.

**Note:** It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

\* Fee-For-Service Contractor  
NOVITAS SOLUTIONS, INC. ▾

[APPLY](#)

**Reason(s) for submission:**

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

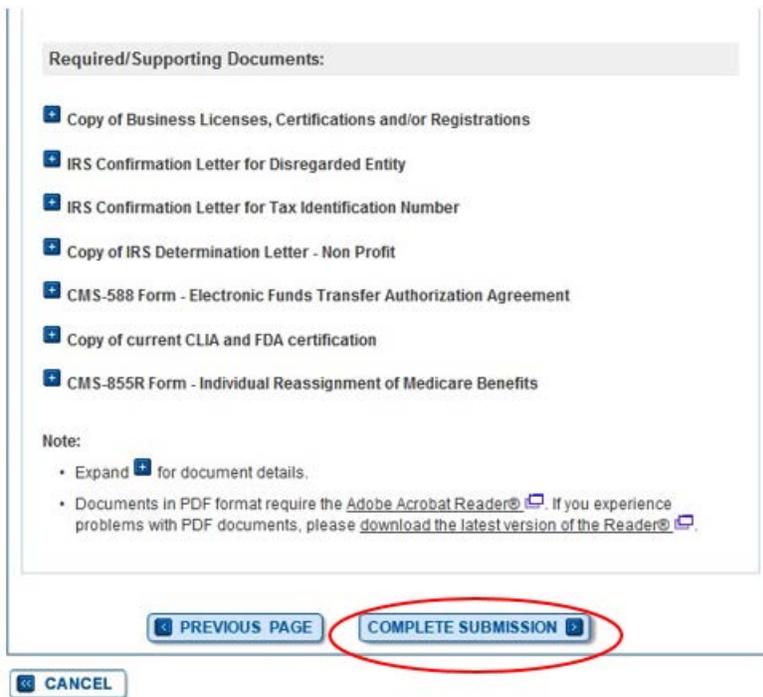
**Required and Supporting Documents**

The following are Required and Supporting Documents that must be mailed in or uploaded as part of your submission. Some documents may not be applicable for digital upload. Please view the notes below.

**Notes:**

- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).

**Step 12: The Submission Page is displayed with a list of all required and supporting documentation that must be completed and mailed to the fee-for-service contractor if not digitally uploaded. Once reviewed the provider clicks the Complete Submission button.**

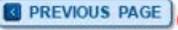


Required/Supporting Documents:

- Copy of Business Licenses, Certifications and/or Registrations
- IRS Confirmation Letter for Disregarded Entity
- IRS Confirmation Letter for Tax Identification Number
- Copy of IRS Determination Letter - Non Profit
- CMS-588 Form - Electronic Funds Transfer Authorization Agreement
- Copy of current CLIA and FDA certification
- CMS-855R Form - Individual Reassignment of Medicare Benefits

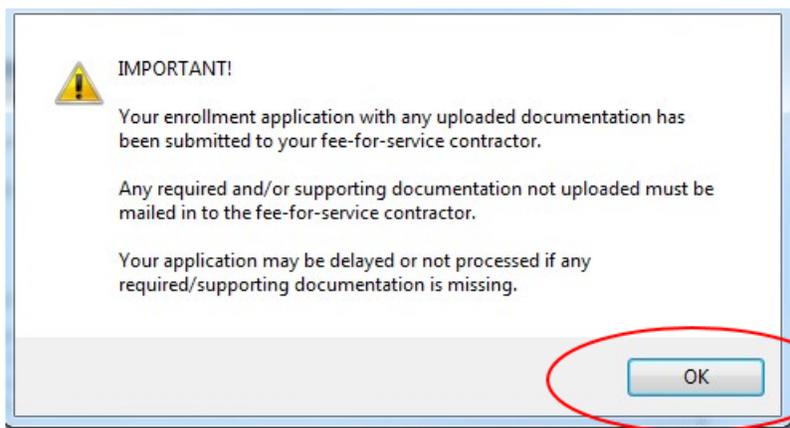
Note:

- Expand  for document details.
- Documents in PDF format require the [Adobe Acrobat Reader®](#) . If you experience problems with PDF documents, please [download the latest version of the Reader®](#) .



**Step 13: A pop up message will appear prompting the provider to print, complete and mail, to the fee-for-service contractor, any required or supporting documentation. The provider clicks OK.**

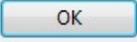


 **IMPORTANT!**

Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.

Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.

Your application may be delayed or not processed if any required/supporting documentation is missing.



**Step 14: The Complete Submission confirmation page displays. Print the Provider Submission Confirmation Page for your records. Mail a copy of this page and all supporting documentation, if not digitally uploaded, to your Fee-For-Service contractor.**

## Submission Confirmation - Print Your Receipt

### Submission Complete

**You have successfully submitted your application!**

**Remember to:**

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

**You have successfully submitted your application!**

An e-mail containing the PIN and Web Tracking ID have been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.

**Remember to:**

- Include the Tracking ID or a copy of this page if you are mailing supporting documentation to your Medicare Contractor
- Mail all other supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor receives all required fully signed documentation for your application.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
- You will receive e-mail about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

### Enrollment Tracking Information

**Applicant Name:** John Provider

**Tracking ID:** T071620130000001

**Submitted Date:** 16 - JULY - 2013

**Submitted By:** John Provider

***Step 15: The AO of the organization receiving reassigned benefits (from Step 9) will receive a PECOS-generated email containing information about the enrollment application requiring his/her signature and a unique personal identification number (PIN) required to e-sign the document.***

*The email will provide two options for e-signing the application:*

***Option 1:*** *Log into Internet-based PECOS using your existing PECOS ID and password (Workflow outlined in Step 16), or*

***Option 2:*** *E-Sign via the PECOS E-signature website if you don't have an existing PECOS Id and password( Workflow outlines in Step17)*

*Note: The PIN received by email will expire after 72 hours. The Individual provider has the ability to resend the E-Signature email, which will reset the PIN, if needed.*

ANASVA SOLOIA,

A Medicare application for SAM JOHNSON for Initial Enrollment has been submitted by John Smith 737-227-6000, [john.smith@aphealth.com](mailto:john.smith@aphealth.com) . You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:  
Provider/Supplier Name: SAM JOHNSON  
Provider/Supplier Specialty Type: FAMILY MEDICINE  
State: GA  
Form Type: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)  
NPI: 1295705051  
Web Tracking ID: T112520200000020  
Signatory Name: ANASVA SOLOIA  
Signatory Role: AUTHORIZED OFFICIAL  
Topic/s Changed: All Topics

Instructions:  
You may provide an electronic signature using your PECOS user ID at (<https://pecos.cms.hhs.gov>) OR through the PECOS E-Signature website (<http://op2-pecos-was3:9083/pecos/eSignLogin.do>), using your identifying information, e-mail address, and unique PIN [REDACTED]. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-866-523-4759 or visit us at (<https://eus.custhelp.com>).

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.

***Step 16: Option 1 - E-signing using existing PECOS ID and password.***

***The AO logs into PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>.***

# Medicare Enrollment

for Providers and Suppliers

## Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(\*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

### USER LOGIN

You may use your NPPES or PECOS username and password to login.

\* User ID

\* Password

**LOG IN** 

[Forgot Password?](#) 

[Manage/Update User Profile](#) 

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759.

### BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

**Note:** If you are a Medical Provider or Supplier, you must [register for an NPI](#)  before enrolling with Medicare.

*Step 16a: The Manage Signature section displays all applications pending the AO's signature. The AO identifies the application they wish to e-sign and clicks the View and Sign button.*

**Welcome JACK ORGANIZATION**

**System Notifications**

**Note:** JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

| From                                     | To | Details |
|--|----|---------|
| There are no notifications at this time. |    |         |

**Manage Medicare and Account Information**

**MY ENROLLMENTS**

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

**ACCOUNT MANAGEMENT**

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

**Manage Signatures**

**Applications Requiring Signatures**

Applicant Name: JOHN PROVIDER  
TIN: xxx-xx-2012  
Web Tracking ID: xxxxxx0001  
Form Type: 855R

Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

**VIEW AND SIGN**

**Step 16b: The AO reviews and agrees to the Terms and Conditions.**

**Review And Sign Your Certification Statement**

(\*) Red asterisk indicates a required field.

**E-Signature Instructions**

To complete your E-Signature follow the steps below:

1. [Click here if you wish to review the application](#)
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

**Terms and Conditions**

**PENALTIES FOR FALSIFYING INFORMATION**

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment 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

**AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (855B)**

These are additional requirements that the provider must meet and maintain to bill the Medicare program. By signing, the provider is attesting to have read the requirements and understanding them.

By his/her signature(s), the authorized official named below agrees to adhere to the following requirements stated in this Certification Statement:

\* Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

**SUBMIT**

The AO must agree to the terms and conditions by checking the box. By accepting the terms and conditions and submitting the provider's e-signature is complete.

**Step 16c: The AO receives confirmation that their e-signature has been accepted.**

**E-Signature Confirmation**

**Your E-Signature Has Been Accepted**

You have successfully e-signed the following document(s):

**Web tracking ID: T071620130000001**

[View Submitted Application](#)

**Provider/Supplier Name: NEW JERSEY ASSOCIATES IN MEDICINE, PA**

**Signer Name: JACK CAPPITELLI**

**Role: AUTHORIZED OFFICIAL**

**Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS**

**Signed Date: Wed Jul 17 11:45:36 EDT 2013**

**HOME**

***Step 17: Option 2 - E-sign via the PECOS E-signature website***

***The AO accesses the PECOS e-signature website at***

***<https://pecos.cms.hhs.gov/pecos/eSignLogin.do>, contained within the email.***

Welcome to PECOS E-Signature Application

(\*) Red asterisk indicates a required field.

**Remote Authentication Page**

You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf.

**WARNING:** If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials.

**Verify Your Identity and Validate Your Application Record**

Enter the required Identity information:

\* First Name  
\* Last Name  
\* Date of Birth  
mm/dd/yyyy  
\* SSN  
XX-XX-XXXX

Enter the email address and PIN you received in the PECOS emails:

\* Email Address  
\* PIN

**LOG IN**

If your PIN is lost or expired, [click here to generate a new one.](#)

The AO enters their required identity information, their email address and the PIN contained within the PECOS generated emails.

***Step 17a: The Signatures section displays all applications pending the AO's signature. The AO identifies the application they wish to e-sign and clicks the View and Sign button.***

Medicare Enrollment  
for Providers and Suppliers

Welcome JACK ORGANIZATION

Signatures

Applications Requiring Signatures

Applicant Name: John Provider  
TIN: 135747920  
Web Tracking ID: T071620130000001  
Form Type: 855R

Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS  
Application Submitted: 07/16/2013

**VIEW AND SIGN**

**Step 17b: The AO reviews and agrees to the Terms and Conditions.**

**Review And Sign Your Certification Statement**

(\*) Red asterisk indicates a required field.

**E-Signature Instructions**

To complete your E-Signature follow the steps below:

1. [Click here if you wish to review the application](#)
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

**Terms and Conditions**

**PENALTIES FOR FALSIFYING INFORMATION**

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment 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

**AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (855B)**

These are additional requirements that the provider must meet and maintain to bill the Medicare program. By signing, the provider is attesting to have read the requirements and understanding them.

By signing, the authorized official named below agrees to adhere to the following requirements stated in this Certification Statement:

\* Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

**SUBMIT**

The AO must agree to the terms and conditions by checking the box. By accepting the terms and conditions and submitting the provider's e-signature is complete.

**Step 17c: The AO receives confirmation that their e-signature has been accepted.**

**E-Signature Confirmation**

**Your E-Signature Has Been Accepted**

You have successfully e-signed the following document(s):

Web tracking ID: T071620130000001

[View Submitted Application](#)

Provider/Supplier Name: NEW JERSEY ASSOCIATES IN MEDICINE, PA

Signer Name: JACK CAPPITELLI

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS

Signed Date: Wed Jul 17 11:45:36 EDT 2013

**HOME**

Learn more about PECOS at <https://PECOS.CMS.hhs.gov>, and be on the lookout for more enhancements in the coming months! Questions concerning a system issue regarding PECOS should be referred to the CMS EUS Help Desk at 866-484-8049 or [EUSsupport@cgi.com](mailto:EUSsupport@cgi.com), Monday – Friday, 7am – 7pm EST. You can also access the CMS EUS Help Desk at <https://eus.custhelp.com/>

| Key Terms                          | Definitions  |
|------------------------------------|--|
| <b>Authorized Official (AO)</b>    | Person who is authorized to legally bind a company.  |
| <b>Delegated Official (DO)</b>     | Person who is delegated by an authorized official the authority to report changes and updates to the supplier's enrollment record  |
| <b>E-Signature</b>                 | Act of recording a user's: identity, intent, and acceptance or confirmation.   |
| <b>Individual Provider</b>         | Individual Provider or Supplier who enrolls in Medicare.   |
| <b>The Certification Statement</b> | The information collected supports identification of the persons legally authorized to enroll the provider in the Medicare program, make enrollment changes, and bind the provider to the laws, regulations, and instructions of the program.  |
| <b>The Authorization Statement</b> | The information collected supports identification of the persons legally authorized to approve the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier. When a user adds or terminates a reassignment of benefits in PECOS PI. An Authorization Statement has to be signed by the party reassigning/terminating benefits and the party receiving benefits. |