



NATIONAL PROVIDER
ENROLLMENT CONFERENCE

59 Million Patients, 2 Million Providers, ONE Mission

PECOS 101

MARCH 2019

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Supervisor Operations, Part B Provider Enrollment

Session Overview



- **Introduction to PECOS**
- **Overview of the PECOS Home Page**
- **Medicare Look up Tool**
- **Revalidation Notification Center**
- **Submitting Revalidation Application**
- **Submitting Initial Application**
- **Submitting Change of Information**
- **Submitting Signatures at a Later Time**





Introduction to PECOS:

What is PECOS?



The Provider Enrollment, Chain and Ownership System (PECOS) is the system that houses all provider's enrollment and billing information.

PECOS can be used in lieu of the paper CMS-855 enrollment application to:

- ✓ Submit an initial Medicare enrollment application
- ✓ Submit changes to existing Medicare enrollment information
- ✓ Revalidate your enrollment information
- ✓ Track the status of an enrollment application
- ✓ Reactivate an existing enrollment record
- ✓ Withdraw from the Medicare Program

Log in Screen



USER LOGIN

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

* User ID

* Password

LOGIN >>

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

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.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

Home Page



Welcome

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

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

Home Page



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

REVALIDATION NOTIFICATION CENTER >>

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name: ANITHA JONNALA
TIN (SSN): XXX-XX-XXXX
Web Tracking ID: T040420180000061
Form Type: 855I
Application Submitted: 04/04/2018
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

VIEW AND SIGN >>

Home Page - Medicare ID Look up Tool



Welcome Anitha Jonnala

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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](#).
- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

Manage Medicare and Account Information

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Help

- [User Account](#)
- [Manage Access](#)

Additional Resources

[Medicare ID](#)
New! [Search Tool](#)

[How to Guides](#)

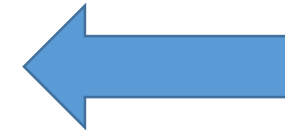
[FAQs](#)

[Glossary](#)

[Who Should I Call?](#)
[PDF, 214 KB]


[Application Status](#)
[Kiosk](#)

[Additional Links](#)



Medicare ID Look up Tool



**PECOS**

Whom Should I Call
[PDF, 214 KB]

Help

Medicare ID Search Tool

Use the search criteria provided below to find Medicare ID information for Individuals and Organizations enrolled in Medicare.

Note: You will be able to see results for only those providers that are enrolled in Medicare and you have a connection to in I&A. To establish a connection to a provider please navigate to [Account Management](#).

Individual Search

Organization Search

First Name

Last Name *
Garropolo

Enrollment State
Select

NPI *

* Last Name or NPI is required to complete a Search

Search Results: [Export .CSV](#)

Search

Clear All

View MER Report

Name	Enrollment State	Specialty	NPI	Medicare ID	Medicare ID Type	Medicare ID Effective Date	Medicare End Date	Form Type	Contractor ID
Jimmy Garropolo	California	Internal Medicine	1093857839	55001	PIN	04/22/2018	---	8551	49001
Jimmy Garropolo	California	Surgery	1093857839	55002	PIN	01/28/2017	---	8551	49002
Jimmy Garropolo	California	Cardiologist	1093857839	55003	PIN	01/13/2016	---	8551	49050

Expand to see Group Info

Show Associated Group Information

Search by Last Name, or NPI, either is required to initiate the Search. Additional criteria of First Name or Enrollment State can be added

Export Search Results to .CSV File

View MER Report

Expand to see Group Info

Show Associated Group Information



Questions

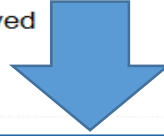
Revalidation Notification Center



Manage Medicare and Account Information

MY ASSOCIATES >>

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- View and update existing Medicare information
- Continue working on saved applications



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Form Type: 855I
Application Submitted: 04/04/2018
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

VIEW AND SIGN >>

Revalidation Notification Center



Home > Revalidation Notification Center

Revalidation Notification Center

Please provide one or more of the following option to filter your enrollments. Selecting on the reset button will clear the options selected and load the full list of enrollments.

Enrollment Type
All Types

Type/Specialty
All Provider/Supplier Types

Enrollment Status
All Statuses

Web Tracking ID
Begins with T Followed by 15 Digits

Provider (Name/Legal Business Name)

Receiving Entity (individual or organization receiving reassignment) or Employer

If the provider has submitted a revalidation application, go to the [My Associates](#) page to select the provider then view the revalidation status for the provider's enrollment.
The Contact Person column will show the Contact Person that was entered first in the enrollment. The Authorized Official column displays the Authorized Official with the earliest effective date.

Attention:

- The Revalidation Notification Center is intended to provide notification of revalidation due dates and not the status of revalidation applications.
- If a Provider or Supplier has successfully completed revalidation they will no longer appear on the Revalidation Notification Center after 90 days.
- If the Provider or Supplier has submitted a revalidation, please disregard the due date listed.
- Web Tracking IDs will not appear if you have not started a revalidation application or for providers who have successfully completed revalidation.
- For a Sole Ownership, the Individual and Organization entities must both complete revalidation.
- Group revalidations may require that all individuals reassigning benefits to revalidate as well.
- The Revalidation Notification Center does not include revalidation applications submitted via paper unless the application has been finalized by the MAC.

* indicates that the user does not have access to this provider enrollment record, but has access to the receiving entity or employer. Please go to [Account Management](#) and request a connection to this provider.

Action	Provider	More Information	License State	Receiving Employer	Type/Specialty	Enrollment Type	Enrollment Status	TIN
View Application	ANTHA HOSPITAL	REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT		CLINIC/GROUP PRACTICE	855B	APPROVED	930929023
View Application	ANTHA HOSPITAL	REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT		RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RMHC)	855A	APPROVED	930929023
View Application	SWETHA ANIRAM	REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	HAWAII	ANNARAM PHYSICIAN HOSPITAL ASSISTANT		855I	APPROVED	XXX-XX-XXXX
Continue Application	ANTHA HOSPITAL	REVALIDATION APPLICATION STARTED BUT NOT SUBMITTED	VIRGINIA	MEDICAL FACULTY PRACTICE PLAN		855B	APPROVED	930929023

Records 1 - 4 of 4

Revalidation Info. is as of 01/17/2019 01:01 AM

Note: Please select the "Download Report" button to download the report in .csv format.

Filter Enrollments

Please provide one or more of the following option to filter your enrollments. Selecting on the reset button will clear the options selected and load the full list of enrollments.

Enrollment Type

All Types

Type/Specialty

All Provider/Supplier Types

Enrollment Status

All Statuses

Web Tracking ID

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Provider (Name/Legal Business Name)

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Revalidation Notification Center



Home > Revalidation Notification Center

Revalidation Notification Center

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All Statuses

Web Tracking ID
Begins with T Followed by 15 Digits

Provider (Name/Legal Business Name)

Receiving Entity (Individual or organization receiving reassignment) or Employer

If the provider has submitted the revalidation application, go to the [My Associates](#) page to select the provider then view the revalidation status for the provider's enrollment.
The Contact Person column will show the Contact Person that was entered first in the enrollment. The Authorized Official column displays the Authorized Official with the earliest effective date.

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- The Revalidation Notification Center is intended to provide notification of revalidation due dates and not the status of revalidation applications.
- If a Provider or Supplier has successfully completed revalidation they will no longer appear on the Revalidation Notification Center after 90 days.
- If the Provider or Supplier has submitted a revalidation, please disregard the due date listed.
- Web Tracking IDs will not appear if you have not started a revalidation application or for providers who have successfully completed revalidation.
- For a Sole Ownership, the Individual or Supplier must submit revalidation.
- Group revalidations may include all individuals' reassigning benefits to revalidate an organization.
- The Revalidation Notification Center does not include revalidation applications submitted via payers. Please the application has been finalized by MAC.
- * indicates that a user does not have access to this provider enrollment record, but has access to the receiving entity or employer. Please go to [Account Management](#) and request a connection to this provider.

Action	Provider	More Information	Enrollment State	Receiving Entity/Employer	Type/Specialty	Form Type	Enrollment Status	TIN
View Application	ANITHA HOSPITAL	REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT		CLINIC/GROUP PRACTICE	855B	APPROVED	930929023
Start Revalidation View Application View Notifications	ANITHA HOSPITAL	REVALIDATION APPLICATION HAS NOT BEEN STARTED	ALASKA		COMMUNITY MENTAL HEALTH CENTER	855A	APPROVED	930929023
	SWETHA ANNARAM *	REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	HAWAII	ANNARAM PHYSICIAN HOSPITAL ASSISTANT		855I	APPROVED	XXX-XX-XXXX
Continue Application View Application View Application	ANITHA HOSPITAL	REVALIDATION APPLICATION STARTED BUT NOT SUBMITTED	VIRGINIA	MEDICAL FACULTY PRACTICE PLAN		855B	APPROVED	930929023

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Continue Application View Application View Application	ANITHA HOSPITAL	REVALIDATION APPLICATION STARTED BUT NOT SUBMITTED	VIRGINIA	MEDICAL FACULTY PRACTICE PLAN		855B	APPROVED	930929023

Records 1 - 4 of 4

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Revalidation Notification Center



Action	Provider	Receiving Entity/ Employer	Type/Specialty	Form Type	Enrollment Status	TIN	NPI	Medicare ID	Web Tracking ID	Revalidation Due Date	Contact Person	Authorized Official
#			FAMILY PRACTICE	855I	APPROVED	XXX-XX-XXXX				08/31/2018		
#			PHYSICAL THERAPIST	855I	APPROVED	XXX-XX-XXXX				11/30/2018		

If you are not the surrogate for the provider a '#' will be displayed. GO TO I&A to establish surrogacy



Submitting Revalidation Application

Revalidation Application



Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B supplier is currently enrolled in the Medicare program. The supplier is revalidating Medicare enrollment information.

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
ANITHA HOSPITAL	93-0929023	CLINIC/GROUP PRACTICE	CONNECTICUT

Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- An Authorized Official or Delegated Official must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION >>



Revalidation Application – Enrollment Information



[Home](#) > [My Associates](#) > [My Enrollments](#) > Revalidation

[Topic View](#)

Fast Track View

[Error/Warning Check](#) **3**

Enrollment ID: O20151209000060
PacID: 8729229448O20151209000060
Web Tracking ID: T021120190000000

Reason for Application

Enrolled Supplier is Revalidating their Enrollment Information

[EDIT REASON](#) >>

Reports

Select the hyperlink to view the Application being edited:

[View Application being edited](#) >>

Select the hyperlink to view the Medicare ID Report:

[View Medicare ID Report](#) >>

Topics

Organization Information

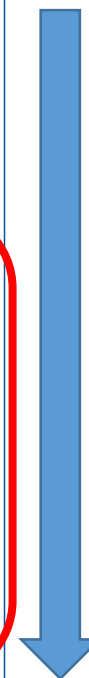
ANITHA HOSPITAL 93-0929023

Type of Organization Structure: Corporation
IRS Proprietary/Non-Profit Status: Proprietary
Indian Health Facility: No

[GO TO TOPIC](#) >>

Supplier Type

Supplier Type



Revalidation Application - Reassignments



Rendering Healthcare Services at a Patient's Home

BALTIMORE, CA 21043

Effective Date of Information: 01/01/2014

[GO TO TOPIC](#)

Reassignment

Accepting Reassignment from: JONNALA, ANITHA

Effective Date of Information: 01/01/2011	Medicare Identification Number(s):
Social Security Number (SSN): XXX- XX-XXXX	Medicare ID(s) for provider reassigning benefits:
Date of Birth: 04/04/XXXX	4324234234

Practice Location Address:

[GO TO TOPIC](#)

Physician Assistant Employment

SWETHA ANNARAM

Effective Date of Employment: 09/05/2010
Physician Assistant's National Provider Identifier (NPI): 1164425252

ANITHA JONNALA

Effective Date of Employment: 03/20/2016
Physician Assistant's National Provider Identifier (NPI): 1013910025

ANITHA JONNALA

Effective Date of Employment: 09/05/2018
Physician Assistant's National Provider Identifier (NPI): 1154391845
Medicare ID: PAX1234567

[GO TO TOPIC](#)

Revalidation Application – Update Reassignments



Reassignment of Benefits

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. [\(more information about Reassignment of Benefits\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

[+ Advanced Search](#)

[ADD INFORMATION >>](#)

Reassignment Information

Records 1 - 1 of 1

Accepting Reassignment from: JONNALA, ANITHA

Effective Date of Information: 01/01/2011	Medicare ID(s) for provider receiving reassignment of benefits: 4342123345
Social Security Number (SSN): XXX-XX-XXXX	
Date of Birth: 04/04/XXXX	
DELETE	ADD
	Medicare ID(s) for provider reassigning benefits: 4324234234

Practice Location Address:
[ADD](#)

Revalidation Application - Control



Organization Control

You have indicated that the applicant does not have any information for this topic.

GO TO TOPIC >>

Individual Control

JOHN, ANNE

Tax Identification Number (SSN): XXX-XX-XXXX

Final Adverse Legal Action

Date of Birth: 01/01/XXXX

Individual's Relationship to the Applicant:

5% OR MORE OWNERSHIP INTEREST

Effective Date: 01/01/2015

PARTNER

Effective Date: 01/01/2015

DIRECTOR/OFFICER

Effective Date: 01/01/2014

CONTRACTED MANAGING EMPLOYEE

Effective Date: 01/01/2015

AUTHORIZED OFFICIAL

Effective Date: 01/01/2015

GO TO TOPIC >>

Patient Records Storage Location

You have indicated that the applicant does not have any information for this topic.

GO TO TOPIC >>

Revalidation Application – Update Control



Individuals with Ownership Interest and/or Managing Control

Topic Summary

This topic requests information about individuals with ownership interest in and/or managing control of the applicant.
All managing employees for the practice locations listed on this enrollment must be reported. [\(more information about Individuals with Managing Control\)](#)

ADD INFORMATION

Individuals with Ownership Interest and/or Managing Control Information

Records 1 - 1 of 1

JOHN, ANNE

Tax Identification Number (SSN): XXX-XX-XXXX

Date of Birth: 01/01/XXXX

Individual's Relationship to the Applicant:

5% OR GREATER DIRECT/INDIRECT OWNER
Effective Date: 01/01/2015

PARTNER
Effective Date: 01/01/2015

DIRECTOR/OFFICER
Effective Date: 01/01/2014

CONTRACTED MANAGING EMPLOYEE
Effective Date: 01/01/2015

AUTHORIZED OFFICIAL
Effective Date: 01/01/2015

Final Adverse Legal Action
ADD

EDIT **DELETE**

Records 1 - 1 of 1

See all ALAs submitted and Add new

Supporting Documents



▼ Expand to display the Required and/or Supporting Documentation. Checklist for this Medicare enrollment application submission.

Note: Expand + for document details.

Required Documentation	Delivery Method	Comments
+ Form CMS-460, Medicare Participating Physician or Supplier Agreement	View and Print <input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.
+ Copy of Comprehensive Liability Insurance Policy	<input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.
+ Copy of IRS Determination Letter - Non Profit (IRS Form 501(c)(3))	<input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.

Supporting Documentation	Delivery Method	Comments
+ Receipt of Pay.gov Payment Information	<input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.
+ Other Documentation requested by your Medicare Contractor(s)	<input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.
+ Proof of Overpayment Resolution	<input type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
+ Authorized Official Certification Statement for Clinics and Group Practices (PDF)	View and Print [PDF]	<input type="text"/> Maximum of 500 characters. You have 500 characters remaining.

- Expedite Application Processing
- Submit PDF and TIFF formats
- Copy of CMS-855 Form not needed
- Copy of Certification Statement should not be uploaded here

Supporting Documents



* Do you want to upload one or more documents with your Medicare enrollment application now?

- ☒ Yes, I would like to upload one or more documents now.
- ☐ No, I do not want to upload any documents now. (You may upload documents at a later time.)

Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-855O.

File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

* Document Type

Select Document Type

* Document Name

Browse...

UPLOAD >>

* Document Type

Select Document Type

* Document Name

Browse...

UPLOAD >>

Current Uploaded Documents

Document Type	File Name	Document ID	Date Uploaded	Actions
Business License/Certification/Registration	US_Health_Enrollment_and_Change_Form_KesaraLiyanage_2019.pdf	DPECOS2468163264PECOS606401712679204449	02/05/2019	VIEW REMOVE

<< PREVIOUS TOPIC

GO TO ERROR CHECK >>

NEXT TOPIC >>

Begin Submission



Medicare Enrollment

for Providers and Suppliers

ANITHA HOSPITAL | INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) | CALIFORNIA

Home | Help | Log Out

Topics Topics for this Enrollment SELECT

My Application Progress 90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Revalidation

Topic ViewFast Track ViewError/Warning Check **1**

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

BEGIN SUBMISSION

Enrollment ID: O20160316000092
PacID: 8729229448O20160316000092
Web Tracking ID: T021120190000015

Reason for Application

Enrolled Supplier is Revalidating their Enrollment Information

EDIT REASON

Submit Signatures



My Application Progress  90%

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Revalidation](#) > Submission Process

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* Authorized Signer

ANNE JOHN ▼

NEXT PAGE >

<< RETURN TO MY ENROLLMENTS

Submit Signatures



FACTS

- The **Authorized Official (AO)** for the organization or Practitioner must sign all initial application
- A **Designated Official** for an organization can sign a **Change Of Information** application, so long as the AO is not updated
- When establishing a **new contact person** for EFT a **signature is required**
- When establishing **adding an IDTF** supervising physician a **signature is required**
- When establishing reassignments for the first time, both the group and the member must sign
- If deleting or modifying an existing reassignment only the initiating party need to sign

Manage Signatures

(*) Red asterisk indicates a required field.

Name: ANITHA HOSPITAL
Web Tracking ID: T021120190000015
TIN: XX-XXXXXXX

NEW! 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.

NEW! - 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: ANNE JOHN
SSN: XXX-XX-XXXX
*** Signature Method for ANNE JOHN:**

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

☒ **Electronic**
☐ **Upload**

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

- Sending mailed certification statements will delay application.
- Electronic signatures will help in getting your application processed quickly.
- MLN Matters
<https://www.cms.gov/O Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10845.pdf>

Submit Signatures - Electronic



Manage Signatures

(*) Red asterisk indicates a required field.

Name: ANITHA HOSPITAL
Web Tracking ID: T021120190000015
TIN: XX-XXXXXXX


NEW! 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.

NEW! - 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: ANNE JOHN
SSN: XXX-XX-XXXX
*** Signature Method for ANNE JOHN:**

☒ **Electronic** 
☐ **Upload**

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

*** Email Address**

*** Confirm Email Address**



Sample Email



ANNE JOHN,

A Medicare application for ANITHA HOSPITAL for Revalidation has been submitted by Anitha Jonnala, 111-111-1111, anitha.jonnala@cgifederal.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: ANITHA HOSPITAL

Provider/Supplier Specialty Type: INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)

State: CA

Form Type: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (855B)

Practice Location: 12322 Oak Creek Lane APT 612, Fairfax, CA 22033

NPI: 1013910025, 1013910116

Web Tracking ID: T021120190000015

Signatory Name: ANNE JOHN

Signatory Role: AUTHORIZED OFFICIAL

Topic/s Changed: Organization Information, Physical Location and "Special Payments" Address, Individual Control, Contact Person



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 <https://pecos.cms.hhs.gov/pecos/eSignLogin.do>, using your identifying information, e-mail address, and unique

PIN 1549910026968 Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Signatures with Pin



The E-signature page will ask for your information and the PIN from the email

Relocate to the bottom of the screen for a new PIN

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

No Format Required

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.](#)

Submit Signatures - Upload



Please select a signature method for each signer:

Name: ANNE JOHN

SSN: XXX-XX-XXXX

*** Signature Method for ANNE JOHN:**

☐ Electronic

☒ Upload

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZED OFFICIAL
CERTIFICATION STATEMENT FOR
CLINICS AND GROUP PRACTICES

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: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND
GROUP PRACTICES ⓘ

Choose File No file chosen

UPLOAD >>

Complete Submission



Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

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.**

Medicare Contractor: NOVITAS SOLUTIONS, INC.

NOVITAS SOLUTIONS, INC.
PROVIDER ENROLLMENT SERVICES
P.O. BOX 3157
MECHANICSBURG, PA 17055-1836

Reason(s) for submission:

- A Medicare Part B practitioner is currently enrolled in the Medicare program. The practitioner is adding, deleting, or changing general Medicare enrollment information.

Reports

Select the hyperlink to view the Application being submitted:
[View Application being submitted](#)

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

Required Documentation	Delivery Method	Comments
+ Form CMS-460, Medicare Participating Physician or Supplier Agreement	View and Print Unspecified	
+ Copy of Comprehensive Liability Insurance Policy	Unspecified	
+ Copy of IRS Determination Letter - Non Profit (IRS Form 501(c)(3))	Unspecified	

Optional Documentation	Delivery Method	Comments
+ Receipt of Pay.gov Payment Information	Unspecified	
+ Other Documentation requested by your Medicare Contractor(s)	Unspecified	
+ Proof of Overpayment Resolution	Unspecified	

Note: Documents in PDF format require the [Adobe Acrobat Reader](#). If you experience problems with PDF documents, please download the latest version of the Reader.

[PREVIOUS PAGE](#)

[COMPLETE SUBMISSION](#)

Submission Confirmation



Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember:

- If you selected to electronically sign this 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.
- If you selected to upload the signature for any Authorized Signer(s) for this application, and have not done so yet, please navigate to the My Enrollments page, find this application, and select the Manage Signatures option to upload a signature document, or change your signature method.
- Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.
- Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.
- Include the Tracking ID or a copy of this page when you mail supporting documentation to your Medicare Contractor.
- 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.
- When submitting an application with Electronic Funds Transfer (EFT) Information, please include a voided check or confirmation of account information on bank letterhead.
- Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.

Enrollment Tracking Information

Applicant Name: ANITHA HOSPITAL

Tracking ID: T021120190000015

Submitted Date: MON - FEBRUARY 11 2019 01:33:27 PM EST

Submitted By: Anitha Jonnala



Questions



Submitting Initial Application

My Associates Button



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

REVALIDATION NOTIFICATION CENTER >>

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name: ANITHA JONNALA
TIN (SSN): XXX-XX-XXXX
Web Tracking ID: T040420180000061
Form Type: 855I
Application Submitted: 04/04/2018
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

VIEW AND SIGN >>

My Associates – Filter



Existing Associates

Please provide one or more of the following options to filter your associates. Selecting the reset button will clear the options selected and load the full list of associates.

Enrollment Type

All Types ▼

SELECT

Provider/Supplier Type

All Provider/Supplier Types ▼

Associate Legal Business Name

TIN

XXX-XX-XXXX

Associate Last Name

NPI

10 Digits

Associate First Name

State

All States ▼

FILTER

RESET

In order to view Medicare applications and enrollments for an associate, please select the "View Enrollments" button next to an associate listed below.

My Associates Page - Application Warnings



Application Warning

OPENED FOR CORRECTIONS

You currently do not have any applications that are Opened for Corrections.

RETURN FOR CORRECTIONS 2

JONNALA, ANITHA

Enrollment Type: 855I

Status: RETURNED FOR CORRECTIONS

[View Returned For Corrections Application](#)

Tracking ID: T092120170000024 [View Email Notification](#)

[VIEW](#)

[MORE OPTIONS](#)

ANITHA HOSPITAL (TIN: 93-0929023)

Enrollment Type: 20134 (MDPP)

Status: RETURNED FOR CORRECTIONS

[View Returned For Corrections Application](#)

Tracking ID: T110220170000000 [View Email Notification](#)

[VIEW](#)

[MORE OPTIONS](#)

REJECTED

You currently do not have any applications that are Rejected.

Opened for Correction You can see applications that have been retracted after being submitted. You can retract submitted applications so long as all signatures are not submitted with the application. The retracted application will reject 20 days from the first submission if not submitted.

Return for Corrections This section contains electronic applications that were returned for corrections by the MAC due to missing information. An email is also sent to the contact person containing more details on the missing information. You can re-open your application, make the necessary updates and resubmit. If not submitted within 30 days they will be rejected by MACs.

Rejected applications These are applications that are rejected by the MAC. If these applications aren't re-opened they are removed/deleted after 60 days from PECOS.

My Associates Page – Create Initial Application



My Associates

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

! IMPORTANT:

If you are responding to a **request for Revalidation**, do not create an enrollment application. Instead, select a provider from the "Existing Providers" section below then select from the list of existing enrollment applications.

Please Note: If your organization is currently enrolled in Medicare, please see your enrollment, please take the following steps to confirm your enrollment.

- If you are a Staff End User of the organization, please contact your organization's Authorized/Delegated Official to ensure your access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION >>

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION >>

Application Questionnaire – Select Provider



Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Identification

* Which provider is the application being created for?

Individuals

☒ **Name:** Jonnala, Anitha (You) **NPI:** 1154391845

Organizations

☐ **Name:** Anitha Hospital **TIN:** 93-0929023

NEXT PAGE >

<< **CANCEL**

Application Questionnaire



- PECOS will navigate you through a series of questions designed to determine the correct application
- **Very Important!** If answered incorrectly, the wrong application will populate
- You can click back to the previous question, or Cancel during questionnaire at any time

Application Questionnaire

(*) Red asterisk indicates a required field.

Healthcare Services Rendered

* Please select the option that best represents the healthcare service rendered by the applicant.

☐ Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)

☒ Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)

☐ Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

☐ Medicare Diabetes Prevention Program Supplier (MDPP)

☐ Individual Physician or Non-Physician Practitioner

☐ Eligible Ordering, Certifying, and Prescribing Physicians, and Other Eligible Professionals

Note: Select this option only if any of the following applies to the applicant:

- The applicant, or any organization employing the applicant, will not send claims to a Medicare contractor for any service furnished by the applicant.
- The applicant, or any organization employing the applicant, sends claims through a Medicare managed care plan.

[NEXT PAGE](#)

Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Description

Please read through all the descriptions and then choose the one that best matches your situation.

* I am applying as a:

☐ **Sole Owner of a PA, PC or LLC**

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- Your business is *legally separate* from your personal assets.

☐ **Self-Employed/Sole Proprietor**

- You give *all* your healthcare services from a facility that you own.
- You are the only owner of a business that gives healthcare services.
- You and your business are *legally one and the same*. You are personally responsible for any of the business's financial obligations.
- You report the business's income and losses on your personal tax return.

☒ **Group Member Only**

- You give *all* your healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.

☐ **Group Member and is Self-Employed**

- You give *some* healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
- You also give *some* healthcare services from a facility that you own, lease or rent.
- The income you make through self-employment is part of your personal assets.

☐ **Disregarded Entity**

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- You and your business are considered *legally one and the same*.

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

[CANCEL](#)

Application Questionnaire

(*) Red asterisk indicates a required field.

State/Territory Where Healthcare Services Rendered

Please select a single state/territory where the applicant renders healthcare services.

* **State/Territory**

Select State/Territory

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

[CANCEL](#)

Application Questionnaire

(*) Red asterisk indicates a required field.

Primary Medicare Services Rendered

Note: A separate application is required for each primary healthcare service rendered.

* Please select the primary Medicare Services rendered by the applicant.

☒ **Part B Physician Specialties**

Select Physician Specialty

☐ **Part B Non-physician Specialties**

Select Non-Physician Specialty

Undefined Type Specification

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

[CANCEL](#)

Start Initial Application



Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). A reassignment of all benefits exists with this application.

The application is for:

Name	Social Security Number (SSN)	Practitioner Specialty	State
Anitha Jonnala	XXX-XX-XXXX	ALLERGY/IMMUNOLOGY	ARIZONA

Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION >>

<< CANCEL

In the Application



Medicare Enrollment

for Providers and Suppliers

Anitha Jonnala | ALLERGY/IMMUNOLOGY | ARIZONA

R7.36 SYSTEST [PECDB4]

[Home](#) | [Help](#) | [Log Out](#)

Topics

[SELECT](#)

My Application Progress 17%

[Home](#) > [My Associates](#) > [My Enrollments](#) > Initial Enrollment

Topic View

Fast Track View

Error/Warning Check **10**

Enrollment ID: I02052019000035

PacID: A001145464I02052019000035

Web Tracking ID: T020520190000044

Individual Provider NPI: 1154391845

Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Reports

Select the hyperlink to view the Application being edited.

In the Application – Topic View



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
—	Personal Identifying Information + more information about Personal Identifying Information
✓	Practitioner Specialty + more information about Practitioner Specialty
—	Reassignment + more information about Reassignment
—	Resident Status + more information about Resident Status
—	Mailing Address + more information about Mailing Address
—	License, Certification, and DEA Information + more information about License and Certification Information
—	Final Adverse Legal Actions + more information about Final Adverse Legal Actions
—	Organization Control + more information about Organization Control
—	Contact Person + more information about Contact Person
—	Required and/or Supporting Documentation + more information about Required and/or Supporting Documentation
—	Withdraw Existing Medicare Enrollments + more information about Withdraw Existing Medicare Enrollments

- The Topics View displays the topics that need to be completed for your application
- It is designed to align with information needed for the 855 form
- You can navigate to each section by clicking the topic
- ✓ As you complete a topic, PECOS will apply a check

In the Application – Fast Track View



Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Reports

Select the hyperlink to view the Application being edited:

[View Application being edited](#) 

Topics

Personal Identifying Information

ANITHA JONNALA

Date of Birth: 04/04/XXXX

Social Security Number: XXX-XX-XXXX

Gender: Female

IRS Status: Proprietary

Accepting New Medicare Patients: Yes

Medical School or other Professional School: BALTIMORE MEDICAL COLLEGE

Year of Graduation: 2003

[GO TO TOPIC >>](#)



Practitioner Specialty

Practitioner Specialties

Practitioner Type: Physician

Secondary Physician Specialties

Primary Physician Specialty

ALLERGY/IMMUNOLOGY

- Fast Track View displays information that has been entered on the electronic application
- Go to Topic to update or review

In the Application – Error/Warning Check



Errors for this Enrollment

Errors were found for this enrollment application or the enrollment on file with Medicare. Please review the errors listed below and verify that the information entered is correct.

Verification of this information is required; the submission process will not continue without verification of this information.

Topic	Error
Contact Person	Contact Person is required.
Required and/or Supporting Documentation	Required and/or Supporting Documentation is required.

Warnings for this Enrollment

No Warnings were found for this enrollment application.



Submitting Change of Information

My Associates Page – Existing Enrollments



Individuals

Records 1 - 2 of 2

Name: ANITHA JONNALA

TIN: XXX-XX-XXXX

[VIEW ENROLLMENTS](#) >>

Name: Suvarna, Swapna

TIN: XXX-XX-XXXX

[VIEW ENROLLMENTS](#) >>

Records 1 - 2 of 2

Organizations

Records 1 - 2 of 2

Name: Anitha Hospital

TIN: 12-3333333

[VIEW ENROLLMENTS](#) >>

Name: Acme Medical Supply

TIN: 11-1111111

[VIEW ENROLLMENTS](#) >>

View Approved Enrollment Record



Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855I
Medicare ID: [View Medicare ID Report](#)
Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 1
[View/Manage Reassignments](#)

More Options



Application Questionnaire

(*) Red asterisk indicates a required field.

Approved/Opted Out Existing Practitioner Enrollment

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

- ☐ Deactivate this Enrollment Record from the Medicare Program
- ☐ Create an Initial Enrollment Application
- ☐ Perform a Change of Information to Current Enrollment Information
- ☐ Revalidate the information in this Enrollment Record

Note: All Electronic Funds Transfer (EFT) changes must be made through the Change of Information Scenario. Please select the "Perform a Change of Information to Current Enrollment Information" option above to make changes to your EFT Record.

NEXT PAGE >

Start Change of Information



Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- **A Medicare Part B practitioner is currently enrolled in the Medicare program. The practitioner is adding, deleting or changing general Medicare enrollment information.**

The application is for:

Name	Social Security Number (SSN)	Practitioner Specialty	State
ANITHA JONNALA	XXX-XX-XXXX	VASCULAR SURGERY	VIRGINIA

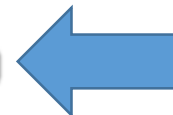
Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION >>



<< CANCEL

View Manage Reassignments



Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855I

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Existing Reassignments: 1

Pending Reassignments Applications: 1

[View/Manage Reassignments](#)



View Manage Reassignments



Pending Reassignments Applications

Name/LBN	NPI	Status	Tracking ID	Action
		NEW View New Application	T080920180000068	MORE OPTIONS

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ? All Statuses ▼ **Enrollment Status** All Statuses ▼ **Relationship Status** All Relationships ▼

FILTER **RESET**

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Reassigning Benefits to			APPROVED		07/25/2018	N/A	N/A

Records 1 - 1 of 1

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT **DOWNLOAD REPORT**

RETURN TO MY ENROLLMENTS **MANAGE REASSIGNMENTS**

View Approved Enrollment Record



Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855I

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

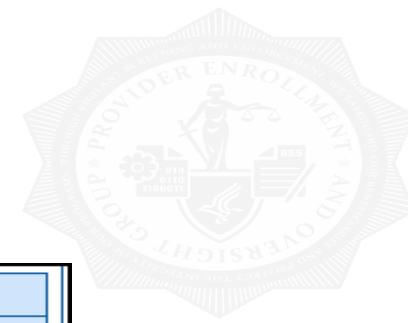
Current ADI Accreditation?: No

Existing Reassignments: 1

Pending Reassignments Applications: 1

[View/Manage Reassignments](#)

View Approved Enrollment Record



FROM SECTION 2: IDENTIFYING INFORMATION			
PERSONAL INFORMATION:			
Date of Birth	Tax ID Number(TIN) XXX-XX-XXXX (SSN)	Country of Birth United States	State of Birth ND
Gender Male	Accepting New Patients Yes	IRS Proprietary/Non-Profit Status Proprietary	
Type of Other Name (Specify)	Other Name		
Medicare School or Other Professional School ATLANTIC MEDICAL COLLEGE	Year of Graduation 2014		

FROM SECTION 2: IDENTIFYING INFORMATION
PRACTITIONER SPECIALTY
Practitioner Type PHYSICIAN
Primary Practitioner Specialty CARDIOVASCULAR DISEASE (CARDIOLOGY)

FROM SECTION 2: IDENTIFYING INFORMATION
PAR STATUS INFORMATION
Does the applicant agree to accept assignment for all covered services provided to Medicare patients? Yes
Effective Date of Information 07/25/2018

FROM SECTION 4: PRACTICE LOCATION INFORMATION
PHYSICAL LOCATION AND "SPECIAL PAYMENTS" ADDRESS
No Data Provided



Submitting or Updating Signatures

View Existing Enrollments – Pending E-Signatures



Contractor: NOVITAS SOLUTIONS, INC.
State: MARYLAND
Type/Specialty: HEMATOPOIETIC CELL TRANSPLANTATION AND CELLULAR THERAPY

Enrollment Type: 855I

Medicare ID: PINFORI123 [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

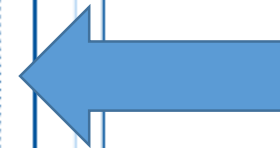
Current ADI Accreditation?: No

Existing Reassignments: 0

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

Type of Update	Status	Tracking ID	Action
CHANGE OF INFORMATION	PENDING E-SIGNATURES View Pending E-Signatures Application	T071720170000106	VIEW MANAGE SIGNATURES



Submitting Signatures at a Later time



Manage Signatures

Name: ANITHA JONNALA **TIN:** XXX-XX-XXXX
Web Tracking ID: T020520190000044 **NPI:** 1154391845

Note: If a Reassignment of Benefits was submitted with this enrollment application, the status of the Authorization Statement signature(s) can be viewed and updated by accessing the View/Manage Reassignments page.

NEW! - 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**.

Name: Anitha Jonnala
SSN: XXX-XX-XXXX
Signature Method: UPLOAD

Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS
Status: Pending

Note: One or more signature documents have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).

UPDATE

Medicare Supplier Enrollment Application
Privacy Act Statement for Individual Practitioners

Submitting Signatures at a Later time



Electronic Signature Status
(*) Red asterisk indicates a required field.

Update Signature Record

NEW! - 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.**

Name
Anitha Jonnala

Role
PRACTITIONER

Document
CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

E-Sign Status
Pending

Selected Signature Method
Upload


Update Signature Method to:

☐ **Electronic**

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.

 No file chosen

PECOS is Easy



We encourage you to use PECOS instead of the paper Medicare enrollment application. Advantages of using PECOS include:

- ✓ Completely paperless process, including electronic signature and digital document feature
- ✓ Faster than paper-based enrollment
- ✓ Tailored application process means you supply only information relevant to your application and specialty
- ✓ More control over your enrollment information, including reassignments
- ✓ Easy to check and update your information for accuracy
- ✓ Less staff time and administrative costs to complete and submit enrollment to Medicare



Questions
