

myCGS Additional Tax ID Request Form

This form must be completed by the Authorized Official/Delegated Official of your company as listed in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). This form is only for the purposes of adding an additional Tax ID to an existing Designated Approver in myCGS.

All fields on this form are REQUIRED. Fax the completed form to 1.615.664.5994. Once received, the additional Tax ID will be added to your Designated Approver's account (and all related End Users) within 5 to 10 business days.

Identify your primary DME MAC Jurisdiction:

Jurisdiction B

Jurisdiction C

COMPANY INFORMATION

Company/Organization Name: _____

Tax/ID: _____

NPI: _____

PTAN: _____

PECOS Authorized Official/Delegated Official INFORMATION

PECOS Authorized Official/Delegated Official Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Extension: _____

DESIGNATED APPROVER

Name: _____

Title: _____

myCGS User ID: _____

Email Address: _____

This is a personal email address. It is not a shared email account. Yes or No

Phone Number: _____

Extension: _____

I authorize the individual listed above to act as an approver for my company in the myCGS Web portal. This individual will have authority to approve all users for all combinations of Tax ID, NPI, and PTAN of my company, within myCGS.

PECOS Authorized Official/Delegated Official Signature: _____

(please print and sign)

Date: _____

(please print and date)



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