

myCGS Approver Designation Form

This form must be completed by the Authorized Official of your company as listed in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

All fields on this form are **REQUIRED**. Fax the completed form to **1.615.664.5994**.

Identify your primary DME MAC Jurisdiction:

Jurisdiction B

Jurisdiction C

COMPANY INFORMATION

Company/Organization Name: _____

Tax ID: _____

NPI: _____

PTAN: _____

PECOS AUTHORIZED OFFICIAL INFORMATION

PECOS Authorized Official Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Extension: _____

DESIGNATED APPROVER

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____

Last 4 digits of Social Security Number: _____

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 Signature: _____

(please print name)

(please sign printed form)

Date: _____