

myCGS Approver Designation 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).

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/Delegated Official INFORMATION

PECOS Authorized Official/Delegated Official Name: _____
Title: _____
Email Address: _____
Phone Number: _____ Extension: _____

DESIGNATED APPROVER

Name: _____
Title: _____
Email Address: _____
This is a personal email address. It is not a shared email account. Yes or No
Phone Number: _____
Date of Birth: _____
Last 4 digits of Social Security Number: _____

Please deactivate this user's End User or CHBA role. The current End User/CHBA myCGS ID is: _____

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: _____ Date: _____
(please print name)

(please sign printed form)