

# PROVIDER ENROLLMENT INFORMATION:

## Guidance for Completing the CMS Enrollment Forms

### Completing the CMS-855R Application

Part 7  
of 10

#### Objective

- Overview of Provider Enrollment and the enrollment process.
- Review of forms involved in the enrollment process.
- Assist providers with the enrollment process.
- Identify common errors within the enrollment process.

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855r.pdf>

- Completed this application if you are reassigning your right to bill the Medicare program & receive Medicare payments, or are terminating a reassignment of benefits.
- Reassigning your Medicare benefits allows an eligible supplier to submit claims and receive payment for Medicare Part B services that you have provided.
- An eligible supplier may be an individual, a group practice or other organization.
- Both the individual practitioner and the eligible supplier must be currently enrolled (or concurrently enrolling via submission of the CMS-855B or CMS-855I for the eligible supplier and the CMS-855I for the practitioner) in the Medicare program before the reassignment can take effect.
- Generally, this application is completed by supplier, signed by the individual practitioner, and signed and submitted by the supplier.
- When terminating a current reassignment, either the employing supplier or the individual practitioner may submit this application with the appropriate sections completed.
- An individual will not need to submit the CMS-855R to reassign benefits to a corporation, limited liability company, professional association, etc., of which he/she is the sole owner.

**NOTE:** An individual will not need to submit the CMS-855R to reassign benefits to a corporation, limited liability company, professional association, etc., of which he/she is the sole owner.

#### Section 1A: Basic Information

- Check the applicable box to indicate reason for application.
- Provide the effective date.
- **Common Errors:**
  - Reason for submission not checked.
  - Effective date missing.

#### Section 2: Organization/Group Information

- List the legal business name of the supplier, as it is reported to the IRS.
- List the supplier's Tax ID #, Medicare ID #, and NPI.

#### Other Topics:

Provider Enrollment Overview  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_1.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_1.pdf)

Provider Enrollment Tips  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_2.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_2.pdf)

What Applications Do I Complete?  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_3.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_3.pdf)

NPI Information  
<http://www.cgsmedicare.com/partb/enrollment/npi.html>

Completing the CMS-855B Application  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_5.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_5.pdf)

Completing the CMS-855I Application  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_6.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_6.pdf)

Completing the CMS-855O Application  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_8.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_8.pdf)

Completing the CMS-588 Application  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_9.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_9.pdf)

Completing the CMS-460 Application  
[http://www.cgsmedicare.com/partb/enrollment/guidance\\_10.pdf](http://www.cgsmedicare.com/partb/enrollment/guidance_10.pdf)



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- **Common Errors:**

- Legal business name is listed incorrectly.
- NPI is missing.
- Invalid Medicare ID # in Section 2.

#### Section 3: Individual Practitioner Information

- List the legal business name of the supplier, as it is reported to the IRS.
- List the supplier's Tax ID #, Medicare ID #, and NPI.
- **Common Errors:**
  - "Pending" should be written in lieu of the Medicare ID #, if the supplier is submitting an application for initial enrollment.

#### Section 4: Primary Practice Location

- Practice address, city, state, zip code, PTAN and NPI are completed.
- Practice location must be established with the group/organization.

#### Section 5: Contact Person Information

- If questions arise during the pre-screening of the application, the individual shown in this section will be contacted.
- If this section is not completed, the application will be contacted directly.
- Contact person's name, address, telephone number and email address are completed.

#### Section 6: Certification Statements and Signatures

- **6A** – Individual Practitioner must print their name
- **6B** – Sole Proprietor, sole owner, authorized/deleted official must print their name.
- Signatures must be original and dated
- **Common Errors:**
  - Signatures not dated.
  - Signatures not original.
  - Signature in section 6B is not that of the current authorized/delegated official.