

DME MAC Jurisdiction B

Orthotics & Prosthetics Provider Outreach & Education (POE) Advisory Group

APPLICATION FOR MEMBERSHIP

Applicant Name:

Title:

Organization Name:

Supplier Type:

Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

Fax Number:

Provider Number:

Provider Specialty:

Area (check one): Large Metropolitan City Small City Rural Area

Do you use the myCGS Web Portal (check one): Yes No

How many DME claims do you submit on a monthly basis?

Comments:

Please review the POE Advisory Group information in Chapter 6 of the Medicare Administrative Contractor (MAC) Beneficiary and Provider Communications Manual section 20.6.1 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/com109c06.pdf>)

Email the completed application to: CGS.JCPOE.ADVISORY@cgsadmin.com.

