

PROVIDER ENROLLMENT REVALIDATION CHECKLIST



PLEASE RETURN THIS CHECKLIST ON THE **TOP** OF YOUR SUBMISSION TO PROPERLY IDENTIFY YOUR APPLICATION.
CHECKLIST FOR INTERNET PECOS AND PAPER CMS-855 ENROLLMENT APPLICATIONS:

- ☐ Section 1A shows "You are revalidating your Medicare enrollment"
- ☐ Certification page of enrollment application is signed and dated
- ☐ All practice locations are included
- ☐ All PTANs included
- ☐ All NPIs included
- ☐ Copy of any certifications that are applicable to the provider type
- ☐ All final Adverse Action documentation (notifications, resolutions and reinstatement letters)
- ☐ IRS documentation (CP 575, 941, LTR 147C) confirming legal business name, if applicable
- ☐ CMS-588 Electronic Funds Transfer form (bank letter or voided check pre-printed with legal business name included)

