



# Revalidation Checklist

## GENERAL

### REMINDERS

- **Section 1A** - All individual Medicare identification numbers (PTANs) to be revalidated are required to be identified with NPI in the upper portion of this section; check revalidation box.
- **Section 3.1** - If "Yes," Section 3.2 must be completed. "See Attached" is not acceptable.
- **Section 4B** - All association information is required to be completed for all entities/groups that individual is revalidating enrollment with (for each PTAN identified in Section 1A).
- **Section 13** - Include an email address and fax number.
- **Section 15** - Original and dated signature of individual identified in Section 2 of the application.

### PHYSICIANS & NPPS (EXCLUDING PAS)

#### Required Sections:

- Section 1A .....
- Section 2\* .....
- Section 3 .....
- Section 4B .....
- Section 13 .....
- Section 15 .....

Have you completed each of the required sections? .....

The CMS-855R application is not required if all active reassignments are identified in Section 4B of the individual physician's/NPP's CMS-855I revalidation application.

### PHYSICIAN ASSISTANTS

#### Required Sections:

- Section 1A .....
- Section 2\* .....
- Section 3 .....
- Section 13 .....
- Section 15 .....

Have you completed each of the required sections? .....

*\* Physician Assistants continue to Attachments checklist.*

## SOLE OWNERS

### CMS 855I: PHYSICIAN & NON-PHYSICIAN PRACTITIONERS (NPPs), EXCLUDING PAS

### REMINDERS

- **Section 1A** - All individual Medicare identification numbers (PTANs) to be revalidated are required to be identified with NPI in the upper portion of this section; check revalidation box.
- **Section 3.1** - If "Yes," Section 3.2 must be completed. "See Attached" is not acceptable.
- **Section 4A** - Entity's legal business name, tax identification number, entity's PTAN, and incorporation information. All questions on this page are required to be answered.
- **Section 4C** - Entire section required for all practice locations (including entity PTAN & NPI), date (mm/dd/yyyy) you saw first Medicare patient is required.
- **Section 13** - Include an email address and fax number.
- **Section 15** - Original and dated signature of individual identified in Section 2 of the application.

#### Required Sections:

- Section 1A .....
- Section 2\* .....
- Section 3 .....
- Section 4A .....
- Section 4C .....
- Section 4E .....
- Section 8 .....
- Section 13 .....
- Section 15 .....





# Revalidation Checklist

Have you completed each of the required sections? .....

*\* Continue to attachments checklist.*

## SOLE PROPRIETORS

CMS 855I: PHYSICIAN & NON-PHYSICIAN PRACTITIONERS (NPPs), EXCLUDING PAs

### REMINDERS

- **Section 1A** - All individual Medicare identification numbers (PTANs) to be revalidated are required to be identified with NPI in the upper portion of this section; check revalidation box.
- **Section 3.1** - If "Yes," Section 3.2 must be completed. "See Attached" is not acceptable.
- **Section 4B** - All association information is required to be completed for all entities/groups that the individual is revalidating (each PTAN identified in Section 1A).
- **Section 4C** - Required to be completed entirely for all practice locations (including entity PTAN & NPI).
- **Section 4F** - Unless EIN is reported in this section, payments will be made to individual's social security number.
- **Section 13** - Original and dated signature of individual identified in Section 2 of the application.
- **Section 15** - Original and dated signature of individual identified in Section 2 of the application.

### Required Sections:

- |   |   |   |
|---|---|---|
| • Section 1A ..... <input type="checkbox"/> | • Section 4C ..... <input type="checkbox"/> | • Section 8 ..... <input type="checkbox"/>  |
| • Section 2* ..... <input type="checkbox"/> | • Section 4E ..... <input type="checkbox"/> | • Section 13 ..... <input type="checkbox"/> |
| • Section 3 ..... <input type="checkbox"/>  | • Section 4F ..... <input type="checkbox"/> | • Section 15 ..... <input type="checkbox"/> |
| • Section 4B ..... <input type="checkbox"/> |   |   |

Have you completed each of the required sections? .....

*\* Continue to attachments checklist.*

## SOLE PROPRIETORS

CMS 855I: PHYSICIAN & NON-PHYSICIAN PRACTITIONERS (NPPs), EXCLUDING PAs

### REMINDERS

- **Section 1A** - All individual Medicare identification numbers (PTANs) to be revalidated are required to be identified with NPI in the upper portion of this section; check revalidation box.
- **Section 3.1** - If "Yes," Section 3.2 must be completed. "See Attached" is not acceptable.
- **Section 4B** - All association information is required to be completed for all entities/groups that the individual is revalidating (each PTAN identified in Section 1A).
- **Section 4C** - Required to be completed entirely for all practice locations (including entity PTAN & NPI).
- **Section 4F** - Unless EIN is reported in this section, payments will be made to individual's social security number.
- **Section 13** - Original and dated signature of individual identified in Section 2 of the application.
- **Section 15** - Original and dated signature of individual identified in Section 2 of the application.





**Required Sections:**

- Section 1A .....
  - Section 2\* .....
  - Section 3 .....
  - Section 4B .....
  - Section 4C .....
  - Section 4E .....
  - Section 4F .....
  - Section 8 .....
  - Section 13 .....
  - Section 15 .....
- Have you completed each of the required sections? .....

*\* Continue to attachments checklist.*

## CMS 855I SECTION 2

### REMINDERS

- **Section 2A, 2B, 2C** - Apply to ALL 855I application processes and must be completed in its entirety.
- **Section 2E** - Physician Assistants establishing employment arrangement(s).
- **Section 2F** - Physician Assistants terminating employment arrangement(s).
- **Section 2G** - Sole owners and sole proprietors terminating physician assistant's employment arrangement.
- **Section 2D1, 2D2** - Type of provider specialty is required.
- **Section 2H, 2K** - Reassignments, sole owners, and sole proprietors complete if applicable to provider type identified in section 2D2.
- **Section 2I, 2J** - Sole owners and sole proprietors complete if applicable to provider type identified in Section 2D2.
- **Section 2L** - Sole owner's entity or sole proprietor furnishing technical component of ADI services.

## CMS 855R: REASSIGNMENT OF MEDICARE BENEFITS FOR TERMINATIONS

PHYSICIAN & NON-PHYSICIAN PRACTITIONERS (NPPs), EXCLUDING PAS

### REMINDERS

- **Section 1** - Effective date (mm/dd/yy) is required.
- **Section 2** - Legal business name as reported to IRS, tax identification number, entity/group Medicare number (PTAN), entity/group NPI. For each tax identification number you are reassigned to, a separate CMS-855R application is required.
- **Section 3** - Individual's name (as identified on 855I application), social security number, individual's Medicare identification number (PTAN) (all that are identified in Section 1A of 855I application).
- **Section 4A** - Required to be originally signed and dated by individual identified in Section 3 of 855R and Section 2 of 855I applications; or,
- **Section 4B** - Required to be originally signed and dated by authorized/delegated official of the entity identified in Section 2 of this application.
- **Section 7** - Contact person information is required (include an email address and fax number for the contact person).



# Revalidation Checklist

## REASSIGNMENT TERMINATIONS

### Required Sections:

- Section 1 .....
- Section 2 .....
- Section 3 .....
- Section 4A (individual terming self) .....
- Section 7 .....

### Required Sections:

- Section 1 .....
- Section 2 .....
- Section 3 .....
- Section 4B (entity terming reassignment) ....
- Section 7 .....

## ATTACHMENTS CHECKLIST

### HAVE YOU SUBMITTED . . .

- Copy of the revalidation request letter? .....
- Copy of the medical license? .....
- Copy of board certifications (NPPs only)? .....
- Copy of final adverse legal action documentation and resolution, if applicable? .....
- CMS-588 Electronic Funds Transfer (EFT) (sole owner/sole proprietor) only if making change to existing banking information or if not currently enrolled as EFT? ..... 
  - Original voided check or bank letter? .....
- Statement in writing from bank if Medicare payment is being sent to the same financial institution that provider has a lending relationship? (See Supporting Documents - Section 17 of CMS-855I for additional information-sole owner/proprietor only) .....
- IRS document preprinted with legal business name and EIN (sole owner/proprietor only)? .....
- Copy of utility bill, if change to practice location (sole owner/proprietor only)? .....
- Business license, if applicable (sole owner/proprietor only)? .....