

# 2025 CEDI Trading Partner Recertification Form

Request ID: 53289

## Trading Partner Information

**Action:** Recertify

**Trading Partner ID:** B08078296

**Type of Trading Partner:** Direct Billing

**Trading Partner Name:** AER INC, DBA CHOICE MEDICAL EQUIPMENT

**Primary Address:** 1173 BENT OAKS DR

**City:** Denton

**State:** TX

**ZIP Code:** 76210

**Telephone Number:** (940) 380-0455

**Telephone Number Extension:**

## NPI/PTAN Information

Provide only one NPI and PTAN linked to the Trading Partner ID. CEDI will only require one NPI and PTAN number even though your Trading Partner ID may be linked to several for claim submission.

You **do not** need to complete a form for each NPI and PTAN number.

**Provider Name:** AER INC, DBA CHOICE MEDICAL EQUIPMENT

**NPI:** 1821093519

**PTAN:** 5307910001

## Authorized Contacts

Provide a list of individual(s) who will be responsible for all CEDI related activities under the Trading Partner ID listed above. The CEDI Help Desk will only reset the Trading Partners password when requested by these individuals. No third-party contact information (software vendor, billing service, etc.) may be listed as an authorized contact due to CMS' security policy on sharing/loaning Medicare assigned IDs and passwords.

NOTE: If your Trading Partner ID has established users for the CEDI Claims Portal, please be sure to list all current CEDI Claims Portal users as authorized contacts. These individuals will also be notified to re-certify their CEDI Claims Portal User access.

Any contacts currently on file with CEDI who are not on the list below will be removed from CEDI's records. After this form is submitted, any changes to the individuals listed below must be communicated to CEDI by completing a new Recertification form.

### Primary Contact Information

**First Name:** Sam

**Last Name:** Bishop

**Telephone Number:** (940) 380-0455

**Telephone Number Extension:** 110

**Recertification E-mail Address:** sam@choicemedicalequipment.com

**Verify Recertification E-mail:** sam@choicemedicalequipment.com

## Additional Authorized Contacts (Maximum of 9)

If a contact is not provided on the 2025 CEDI Trading Partner Recertification form, they will not be authorized to contact CEDI for a password reset related to this Trading Partner ID.

First Name	Last Name	Email Address	Telephone Number
DONALD	NELSON	SAM@CHOICEMEDICALEQUIPMENT.COM	(940) 380-0455 Extn:112

## CEDI Listserv Information

The CEDI listserv will help you to stay informed of updates and important News articles related to electronic DME claim billing.

If you would like to sign up for the CEDI Listserv, click [Join](#).

## Terms and Conditions

I understand CMS information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or VDC RACF user access. The Medicare contractor shall notify all affected providers as well as reporting the system revocation to CMS.

I understand by accepting Terms and Conditions and signing my name below, I am acknowledging I have read and understood the above statement regarding CMS information security policy and I am acknowledging I am the owner of the Trading Partner ID and have provided complete and accurate information to the best of my knowledge.

I understand if any information related to this recertification form changes, it is the responsibility of the Trading Partner to submit a Recertification Form to Update Demographic Information.

☒ I agree to the terms and conditions above.

**Signature:** Sam Bishop

**Submitted Date:** 07/01/2025