



November 4, 2024

AER Inc
1173 Bent Oaks Dr
Denton, TX 76210-8337

NPI: 1821093519
PTAN: 5307910001
RE: 24220065000023

Reference # 1821093519

Dear AER Inc:

National Provider Enrollment Western Region (NPWest) approved your revalidation application.

Medicare Enrollment Information

Supplier Legal Business Name (LBN)	AER Inc
Doing Business As (DBA)	CHOICE MEDICAL EQUIPMENT
Physical Address Location	1173 Bent Oaks Dr Denton TX 76210-8337
Supplier Type	Medical Supply Company
National Provider Identifier (NPI)	1821093519
Provider Transaction Access Number (PTAN)	5307910001
PTAN Effective Date	January 8, 2005

CHANGED INFORMATION

- * Hours of Operation
- * Product and Services
- * Storage Location Address
- * Contact Person

- * Medical Records Correspondence Address

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

To file claims electronically, contact the Common Electronic Data Exchange (CEDI) Contractor at www.ngscedi.com or (866) 311-9184.

Subscribe to receive timely listserv messages regarding Medicare billing policies at:

- Jurisdiction A-Noridian Healthcare Solutions, med.noridianmedicare.com/web/jadme
- Jurisdiction B-CGS, www.cgsmedicare.com
- Jurisdiction C-CGS, www.cgsmedicare.com
- Jurisdiction D-Noridian Healthcare Solutions, med.noridianmedicare.com/web/jddme

Enroll, make changes or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at www.palmettoga.com/palmetto/npewest.nsf or <https://www.cms.gov>.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination. To facilitate the processing of your reconsideration request, please utilize and include the coversheet found at www.palmettoga.com/palmetto/npewest.nsf with your submission.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
 - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
 - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.

- Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Chags Health Information Technology LLC (C-HIT)
PO Box 45266
Jacksonville FL 32232

Or
PEARC@c-hit.com

Or

Fax (866) 410-7404

If you have questions concerning this letter, please call the NPWest toll free customer service line at (866) 238-9652 or visit our website at www.PalmettoGBA.com/palmetto/npewest.nsf. Questions about the appeal process should be directed to C-HIT at (800) 245-9206.

Sincerely,



Heather Buchanan
NPWest