



PO BOX 1508 | AUGUSTA, GA 30903-1508 | PALMETTOGBA.COM/J1 | ISO 9001

A/B MAC JURISDICTION 1  
California, Nevada, Hawaii, Guam, American Samoa, Northern Mariana Islands

**PALMETTO GBA.**

A CELERIAN GROUP COMPANY

September 11, 2013

Your application(s) checked below has been processed.

The individual has been assigned Provider Transaction Access Number  
associated with the NPI      The PTAN given to the individual is linked to the:

Group's PTAN

The effective date 07/27/2013 was given due to the reason marked below:

The date submitted on the application.

Your continued billing privileges are dependent upon certification/re-certification, and current  
medical and/or professional license renewal.

If you are an existing Medicare provider and currently do not submit claims electronically, or are  
new to the Medicare program and plan on filing claims electronically, please contact our EDI  
department at      Your NPI must be submitted on all Medicare claim submissions.

Your PTAN is also activated and will be the required authentication element for all inquiries to  
customer service representatives (CSRs), written inquiry units and the Interactive Voice  
Response (IVR) system for inquiries concerning claims status, beneficiary eligibility and to  
check status or other supplier related transactions. Therefore keep your PTAN secure location.

Because the PTAN is not considered a Medicare legacy identifier, do not report this identifier to the National Plan and Provider Enumeration System (NPPES) as an "other" provider identification number.

You are required by Federal Regulations at 42 CFR §424.516 to submit any changes or updates to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN), (2) tax identification number (TIN), (3) doing business as (DBA) name, (4) practice location (5) ownership, (6) authorized/delegated officials and (7) changes in payment information such as changes in electronic funds transfer information. In addition, you are required to report any adverse legal actions, including felony convictions, license suspensions, of a health care license, debarments and exclusions from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Please ensure the National Plan and Provider Enumeration System (NPPES) is notified of any changes in enrollment information.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment Chain and Organization System (PECOS). To apply via the Internet-based PECOS or to download the CMS-855 enrollment applications, go to <http://www.cms.gov/MedicareProviderSupEnroll>.

Additional information about the Medicare program including billing, fee schedules, and Medicare policies and regulations can be found at our website at <http://www.palmettogba.com> or the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/home/medicare.asp>.

Please verify the accuracy of your enrollment information. If you disagree with this initial determination or have any questions regarding the information above, please call our J1 Part B Provider Contact Center (PCC) at 866-931-3901 between the hours of 7:00 AM - 5:00 PM (Monday through Friday) PST.

**IF YOU DISAGREE WITH OUR DETERMINATION, PLEASE READ THE FOLLOWING:**

If your application was denied, you can reapply by submitting a new application 60 days or more from the date of this letter. If you disagree with this decision, you can:

1. Submit a corrective action plan (CAP) within 30 days from the date of this letter. Submission of a CAP will expedite the enrollment process, as a CAP is a formal method to reopen a previously submitted application as opposed to resubmitting a new application after 60 days. CAP requests must be in writing, be identified as a 'CAP' request and should be signed by an authorized person (i.e., physician, non-physician practitioner or authorized official). To further expedite the processing of your CAP, you should use the attached form, include all documentation that supports/corrects any deficiencies and/or provide additional supporting documentation.