



January 28, 2019

MILA CALDERON
NUTRITION LINK
1050 SAN GABRIEL BLVD
ROSEMEAD CA 91770-4352

Reference # 1264484007

Dear Mila Calderon,

We are pleased to inform you that your initial Medicare enrollment application is approved. Listed below are your National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN).

To start billing, you must use your NPI on all Medicare claim submissions. Because the PTAN is not considered a Medicare legacy identifier, do not report it as an "other" provider identification number to the National Plan and Provider Enumeration System (NPPES).

To start billing, you must use your NPI on all Medicare claim submissions.

Your PTAN has been 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. The IVR allows you to inquire about claims status, beneficiary eligibility and transaction information.

If you plan to file claims electronically, please contact our JE EDI department at 855-609-9960.

Provider \ Supplier name:	Maria Moleno RD
National Provider Identifier (NPI):	1982856605; 1497239768
Provider Transaction Access Number (PTAN):	CB310548
Group Legal Business Name/PTAN:	NUTRITION LINK CB310549
Specialty:	Registered Dietitian
You are a:	MANDATORY PARTICIPATING
Effective Date:	SEPTEMBER 15, 2018

You are required to submit updates and changes to your enrollment information in accordance with specified timeframes pursuant to 42 CFR §424.516 or 42 CFR§424.205. Reportable changes include, but are not limited to, changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location or administrative locations and/or community settings, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as electronic funds transfer information and (6) final adverse legal actions, including felony convictions, license suspensions or revocations, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) at www.cms.hhs.gov/MedicareProviderSupEnroll.

Providers and suppliers enrolled in Medicare are required to ensure strict compliance with Medicare regulations, including payment policy and coverage guidelines. CMS conducts numerous types of compliance reviews to ensure providers and suppliers are meeting this obligation. Please visit the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> for further information about regulations and compliance reviews, as well as Continuing Medical Education (CME) courses for qualified providers.

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

If you disagree with the effective date determination in this letter, you may request a reconsideration before a contractor hearing officer. The reconsideration is an independent review and will be conducted by a person who was not involved in the initial determination. You must request the reconsideration in writing to this office within 60 calendar days of the postmark date of this letter. The reconsideration must state the issues or findings of fact with which you disagree and the reasons for disagreement. You may submit the additional information with the reconsideration request that you believe 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 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; you will not have another opportunity to do so unless an administrative law judge specifically allows you to do so under 42 CFR § 498.56(e).

The reconsideration request must be signed and dated by the physician, non-physician practitioner or any responsible authorized or delegated official within the entity. Failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review.

The reconsideration request should be sent to:

USPS:

Provider Enrollment
Noridian Healthcare Solutions
PO Box 6775
Fargo, ND 58108-6775

FedEx/UPS:

Provider Enrollment
Noridian Healthcare Solutions
900 42nd St S
Fargo, ND 58103

If you have any questions, please contact our JE Office at 855-609-9960 between the hours of 8:00 AM and 4:00 PM.

Sincerely,

Heather S.
Provider Enrollment
Noridian Healthcare Solutions, LLC