



RE: CMS-855A Medicare Enrollment Application Review – Revalidation

Dear [Redacted]:

We have processed your application to revalidate your Medicare enrollment information. Listed below is the information reflected in your Medicare enrollment record.

Provider Legal Business Name	[Redacted]
Provider "Doing Business As" Name	[Redacted]
Provider Transaction Access Number (PTAN)	[Redacted]
National Provider Identifier (NPI)	[Redacted]
Main Practice Location Address	[Redacted]
Correspondence Address	[Redacted]
Special Payments Address	[Redacted]
Authorized Official	[Redacted]
Medicare Year End Cost Report Date:	06/30

Please verify the accuracy of your enrollment information. If changes are necessary or you have any questions, please contact me at 205/220-1557.

To maintain an active enrollment status in the Medicare program, regulations found at 42 CFR §424.516 require that you submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information, and (6) final adverse legal actions, including felony convictions, license suspensions or revocations of a health care license, 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 (except DMEPOS suppliers) can enroll or make changes in the Medicare program using either the:

Cahaba Government Benefit Administrators,® LLC
PO Box 1537
Birmingham, AL 35201