

Med Advent

Simplyfying the way of Credentialing...

We will need the following info for the Medicare Credentialing:

For 855B Group App:

Name of Business: _____

Address:

Phone: _____

Fax: _____

Email: _____

Type of Practice (Specialty i.e. internal medicine, family practice):

NPI number for Group: _____

Tax ID#: _____

Is group a LLC, PC, Sole Proprietor (If Incorporated, need date):

Date Group became effective (date you want to start seeing MCR pts):

Has group ever had any adverse legal action taken? Yes _____ No ___No_____

Correspondence address (If different from practice location):

Are Pt's medical records stored at practice location? ___Same_____

Services ever rendered in patient's homes? ___No_____

What date will you/did you begin seeing Medicare patients? _____

Will you be using a billing service? Yes _____ No ___No_____



Med Advent

Simplify the way of Credentialing...

If Yes we need the following 3 items - if No skip:

1. Name: _____

2. Address: _____

3. Tax ID: _____

Ownership:

Need name, date of birth, ss# of all persons with 5% or greater ownership and if that (those) person have any adverse legal history

**** MUST have at least ONE owner and/or managing employee.**

The following individuals must be reported:

- All persons who have a 5 percent or greater direct or indirect ownership interest in the supplier;
- If (and only if) the supplier is a corporation (whether for-profit or non-profit), all officers and directors of the supplier;
- All managing employees of the supplier;
- All individuals with a partnership interest in the supplier, regardless of the percentage of ownership the partner has; and
- Authorized and delegated officials

2. Name: _____

DOB: _____

SS#: _____

2. Name: _____

DOB: _____

SS#: _____

3. Name: _____

DOB: _____

SS#: _____

4. Name: _____



Med Advent

Simplyfying the way of Credentialing...

_____ DOB:

SS#: _____

(if more spaces are needed, use a separate piece of paper)

For 855I Individual Provider Application: (for each provider)

Name: _____

Date of birth: _____

State of birth: _____

SS# : _____

Tax ID# (if you use one for billing): _____

Name on the Tax ID#: _____

Address of practice:

Correspondence address (if different):

Provider's Individual NPI # (If they already have one): _____

Name of Medical School: _____

Year of Graduation: _____

DEA # (if applicable): _____

CLIA # (if applicable): _____



Med Advent

Simplify the way of Credentialing...

FDA Mammography Certificate # (if applicable): _____

License #: _____

License state: _____

License eff date & expiration date: _____

Primary Specialty: _____

Date you will begin (or began) seeing Medicare patients: _____

Any adverse legal history: _____

Are you in a resident/fellowship program?

Yes _____ No _____

→ Also fax or email a copy of a VOIDED check for bank account that Medicare is to transfer any payments to. (Medicare requires electronic funds transfer for all providers.)

Charge for a group application is \$275. This includes the 855B, up to 4 855I's, 588EFT, 855R's and 460 Participating Provider agreements. If you require more than 4 individual apps there will be a \$75 charge for each additional provider.

Payment Information:

Credit Card:

Name on Card: _____

Exp Date: _____

Card#: _____

MC _____ VISA _____ AmEx _____

Med Advent does not track the status of your application. Many carriers will send out a letter stating they have received your application and are working on it. If you have not heard anything, we recommend that you call you Medicare Part B carrier approximately 3 weeks after you mail the application to make sure it was received. We **do follow thru**



Med Advent

Simplyfying the way of Credentialing...

on all applications if any corrections need to be made. If we receive any correspondence from Medicare regarding your application we will notify you.



info@medadvent.com

www.medadvent.com