

Med Advent

Simplyfying the way of Credentialing...

We will need the following info for the Medicare Credentialing:

If you bill under a group name and group tax ID#, but are the sole owner of a corporation, you can obtain a group Medicare PTAN and an individual Medicare PTAN using just the 855I. Please complete the following information only if this applies to you:

Legal Business name of the group: _____

EIN/Tax ID number: _____

Group NPI (Type II): _____

Is group a LLC, PC, Sole Proprietor: Yes _____ No _____

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 _____

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):



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

Name of Medical School: _____

Year of Graduation: _____

DEA # (if applicable): _____

CLIA # (if applicable): _____

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 _____

Names and addresses of facilities you will be performing services in:

1. Name: _____

Address:

2. Name: _____

Address:

3. Name: _____

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Address:

Will you be using a Billing Service? Yes _____ No _____

If Yes we need the following 3 items:

1. Name of Billing Service: _____

2. Address of Billing Service:

3. Tax ID of Billing Service: _____

→ 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.)

Cost of an individual application is \$250
Includes one 855I, one 588 EFT, and one 460

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



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