



THE PROVIDER ENROLLMENT INTERACTIVE HELP TOOL!

The *Provider Enrollment Interactive Help Tool* is designed to walk you through the application process simply by asking you a series of questions.

Answering the questions correctly will give you confidence that you are:

- Selecting the correct CMS-855 application
- Completing the sections applicable to your situation
- Including the supporting documentation we need
- Accessing the other forms needed to complete your enrollment

Using the tool is easy! Simply select your provider/supplier type below the applicable section to get started. The sections are:

- **Sole Owner of a PA, PC or LLC, or Sole Proprietor** – This section will help if you are an individual who has formed a professional association (PA), professional corporation (PC), limited liability company (LLC), etc., of which they are the sole owner.
- **Individuals Ordering and Referring** – This applies to physicians and non-physician practitioners (NPPs) enrolling in Medicare for the *sole purpose* of ordering and referring services for Medicare patients.
- **Individuals Reassigning to Established/Non-established Groups** – For individuals who plan to reassign Medicare benefits, allowing an eligible organization/group to submit claims and receive payment for Medicare Part B services that you have provided as a member of the organization/group.
- **Groups & Organization** – This section applies to an organization/group that is a medical practice or clinic that will bill for Medicare Part B services.
- **Changes** – Select this section if you are reporting changes in your practice.

Answering a series of “yes” and “no” questions will display the information you need to facilitate a smooth enrollment process. You also have the option of printing the results for your reference.

Provider Enrollment Interactive Help Tool — Physician

1. At the end of the tax year, does the owner of the entity file two separate tax returns (one for the business and one for the owner)?

☒ Yes ☐ No

2. Does the owner own 100% of the business assets?

☒ Yes ☐ No

3. Is the owner a provider of a service?

☒ Yes ☐ No

Physician (MD, DO, OD, DPM, DDS/DDM, DC) as Sole Owner:

1. Complete form 855I (sections 1, 2a, 2b, 2c, 2d1, 3, 4a, 4c, 4e, 6, 13, 15)

a. CMS 855I Form [PDF](#)

b. Section 15 (Certification Statement) of the 855I must be signed and dated by the enrollee. Faxed, photocopied, or stamped signatures will not be accepted.

2. Complete the following forms:

a. Electronic Funds Transfer form (EFT CMS 588 Form [PDF](#))

Note: A copy of a voided pre-printed check OR bank letter verifying the information on the EFT form)

b. Participation Agreement (optional) CMS 460 [PDF](#) form

Note: The provider has from the approval of its initial enrollment, 90 days to submit a participation agreement. The participation effective date is based on the receipt date of the agreement.

c. Refer back to the main menu to complete the necessary forms for any group members.

3. Include the following additional documentation:

a. Copy of state Medical license

b. CP575 or other pre-printed IRS documentation that identifies the Legal Business Name and Tax Identification Number of the entity.

4. Submitting Electronic Claims – Electronic Data Interchange (EDI)

a. New Providers, as well as existing providers who are assigned a new PTAN (Provider Transaction Access Number), must enroll for EDI using an EDI Enrollment Form [PDF](#)

