

Section 4 – Practice Location Information (continued)**Section 4C: Practice Location Information**

You will need to complete Section 4C if “some” services will be rendered as a part of your own private practice. If the provider works exclusively for group practices, complete the Section 4B only with the Medicare and NPI information about the group(s) and go on to Section 13. You may skip Sections 4C–4H, 6 A & B and Section 8.

If the provider renders services ONLY in patient homes, complete Section 4H by explaining that the practice location address is an administrative address only.

In addition to offices, practice locations include hospitals, nursing homes, assisted living or independent living facilities, etc. New providers should check “Add” and list the date the provider began to render services at each. Make copies of this page if the provider practices in more than one location. You must have a separate page for each location.

The “Add” date should coincide with the “Date you saw your first Medicare patient at this location.”

Previously enrolled providers may check “Change” if there is a change of information for a particular location, “Add” for a new practice location and “Delete” to terminate services at a location. If the provider has multiple locations already on file and wishes to “Replace” only one of the locations, check “Add” for the new location and “Delete” to remove the old location. For each, enter the date of each of these actions. Complete all information in this section including the practice Medicare PTAN number and NPI.

Hint: Medicare will call a location to verify that the provider no longer practices at that location and will ask for a copy of a phone/power bill to confirm a new address when the provider wishes to add a location to the provider file. They may also ask for a photocopy of a valid driver’s license or passport to confirm your identity.

For the section designated as “Is this practice location a:” Check the appropriate box or add a designation, such as clinic if the type of location is not listed.

Clinical Laboratory Improvement Amendments (CLIA) numbers and radiology certification numbers are location-specific. Link the correct numbers to the correct locations if applicable.

Hint: Some carriers, contrary to official CMS instructions, require a full separate application for each practice location. Check with your carrier or MAC before submitting the application if you have multiple locations to report. In addition, in some areas where the MAC has acquired multiple carriers in a jurisdiction separate applications and/or signature pages (if using PECOS) may be required even though the MAC is acting as a single payer in the jurisdiction.

SECTION 4: PRACTICE LOCATION INFORMATION (Continued)

1. If you are reassigning all of your payments to another group or organization furnish the name, Medicare identification number(s) and NPI of each group or organization below and proceed to Section 13.
2. If any of your payments are part of your private practice and a group or organization furnish the name and Medicare identification number(s) and NPI of each group or organization below and continue to Section 4C (where you will enter your private practice information).
3. If you are not reassigning all or any of your payments to another group or organization, skip to Section 4C with information about your private practice.

a) Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
b) Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
c) Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
d) Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier
e) Name of Group/Organization	Medicare Identification Number (if issued)	National Provider Identifier

C. Practice Location Information

- If you completed Section 4A, complete Section 4C through Section 17 for your business.
- All locations disclosed on claims forms should be identified in this section as practice locations.
- Complete this section for each of your practice locations where you render services to Medicare beneficiaries.

However, you should only report those practice locations within the jurisdiction of the Medicare fee-for-service contractor to which you will submit this application. If you render services in a hospital and/or other health care facility, furnish the name and address of that hospital or facility.

- Each practice location must be a specific street address as recorded by the United States Postal Service. Do not report a P.O. Box.
- If you only render services in patients’ homes (house calls), you may supply your home address in this section if you do not have an office. In Section 4H, explain that this address is for administrative purposes only and that all services are rendered in patients’ homes.
- If you render services in a retirement or assisted living community, complete this section with the names, telephone numbers and addresses of those communities.

If you have a CLIA number and/or FDA/Radiology Certification Number for this practice location, provide that information and submit a copy of the most current CLIA and FDA certification for each practice location reported.