



REVALIDATION APPLICATION CHECKLIST

The below items shall be addressed prior to submitting your revalidation application. Failure to address these items could result in a delay in processing your revalidation application.

INDIVIDUAL PROVIDERS

- Addressed all PTANs on the letter
- Provided National Provider Identifier (NPI)
- Provided all practice locations
- Clicked the “Complete Submission” button on the Submission Page *(if submitting via Internet-based PECOS)*
- Selected “You are **revalidating** your Medicare enrollment” in Section 1 of the appropriate CMS 855 application as the reason for the application *(if submitting via paper)*
- Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement
- Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)
- Provided a copy of board certifications (Non Physician Practitioners (NPPS) (only)
- Provided a copy of Final Adverse Legal Action Documentation and Resolution *(if applicable)*
- Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter *(Individual providers that reassign all benefits to a group are not required to submit the CMS-588)*

ORGANIZATIONAL PROVIDERS AND SUPPLIERS

- Addressed all PTANs on the letter
- Provided all National Provider Identifiers (NPIs)
- Provided all practice locations
- Clicked the “Complete Submission” button on the Submission Page *(if submitting via Internet-based PECOS)*
- Selected “You are **revalidating** your Medicare enrollment” in Section 1 of the appropriate CMS 855 application as the reason for the application *(if submitting via paper)*
- Electronically signed the online application or signed, dated, and mailed to the Medicare Administrative Contractor (MAC) your paper certification statement
- Provided IRS documentation confirming your Legal Business Name and Employer Identification Number (i.e., IRS CP-575, LTR 147C)



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- Provided a copy of Business Licenses or Certifications *(If applicable)*
- Provided a copy of Final Adverse Legal Action Documentation and Resolution (if applicable)
- Provided proof of application fee payment or hardship exception (if applicable)
- Provided a diagram/flowchart in addition to completing Section 5 (groups/organizations only)
- Provided a government responsibility letter (if Section 5 of the CMS-855 form identifies a governmental organization)
- Provided IRS determination letter, if registered with the IRS as “non-profit”
- Provided a CMS-588 Electronic Funds Transfer (EFT) form including an original voided check or bank letter *(Individual providers that reassign all benefits to a group are not required to submit the CMS-588)*