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MEDICARE APPLICATION WORKSHEET

To be completed by ALL:
Physicians, Psychologists and Licensed Clinical Social Workers

Completion of all fields are REQUIRED

Are you currently enrolled with Medicare (CMS)? If Yes:

Medicare PIN/PTAN _____ If No, enter N/A

Identifying Information

First Name	MI	Last Name	Sur

Date of Birth	Gender	SSN

Ethnicity	NPI	Language

State of Birth	Country of Birth

Licensing/Certification:

Professional

State Issued	License/Certificate Number

Issue Date	License/Cert Expiration Date

Lic/Cert Status	Professional Discipline
	Unlicensed Worker

Education:

Medical or Prof School Attended	
Psychology field, if applicable	
Graduation Year	
Physician's DEA No	

Department Information:

Environment	Position/Title:
FFS	

Start Date	Employee ID	Status

Supervisor	Emp Phone	Emp Fax

Staff ID _____ (if issued)

Primary Reporting Unit	
Other RU's	

Please attach a copy of employee's **current professional license and medical school/university degree** to this completed worksheet and forward to the Office of Compliance, Mail Stop 0026. You will be contacted to review and sign your completed application.