

Reformatting of CMS 855R - Mapping Guide

Current Section Location	Current Section Header/Subheader/Information	New Section Location	New Section Header/Subheader/Information
Intro. Pages	General Information	stet	Who Should Complete This Application
Intro. Pages	Instructions For Completing And Submitting This Application	stet	
Intro. Pages	Additional Information	stet	
Intro. Pages	Mail Your Application	stet	Where To Mail Your Application
1	Basic Information	stet	
2	Organization Receiving the Reassigned Benefits	2	Individual Practitioner Who Is Reassigning Benefits
3	Individual Practitioner Who Is Reassigning Benefits	3	Organization/Group Receiving the Reassigned Benefits
4	Authorization Statements	4	Primary Practice Location
4A	Individual Practitioner		
4B	Authorized or Delegated Official of Group Practice/Clinic		
5	For Future Use	5	Contact Person
6	For Future Use	6	Signatures and Certification Statements
		6A	Individual Practitioner Certification Statement and Signature
		6B	Authorized or Delegated Official of the Organization/Group Certification Statement and Signature
7	Contact Person	n/a	<i>deleted</i>
last page	Medicare Supplier Enrollment Application Privacy Act Statement	stet	