PECOS Screen Shots for PRA package for CMS 855S - Medicare Enrollment Application - Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Suppliers.
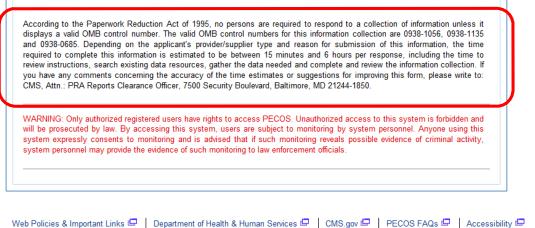
Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

❗ **IMPORTANT:**

NPPES data is updated to PECOS periodically throughout the day. If you have recently created your NPPES User ID and Password, or changed any data, please allow couple of hours to one day for your login changes to take effect.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

USER LOGIN

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

LOG IN

Forgot Password?
Forgot User ID?
Manage/Update User Profile

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Enrollment Tutorials

- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider - WMV [ZIP, 52MB] or Organization/Supplier - WMV [ZIP, 53MB]

- **Change of Information:**
  Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
  Individual Provider - WMV [ZIP, 46MB] or Organization/Supplier - WMV [ZIP, 48MB]

- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider - WMV [ZIP, 29MB] or Organization/Supplier - WMV [ZIP, 32MB]

- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider - WMV [ZIP, 11MB]

- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier - WMV [ZIP, 39MB]

- **Adding a Practice Location (DMEPOS Only):**
  Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
  DME Supplier - WMV [ZIP, 64MB]

Note: Please click here to download 'ZIP' utility to open the files with '.zip' extension.

Provider & Supplier Resources

Pay Application Fee - Pay your application fee online.
View the list of Providers and Suppliers [PDF, 94KB] who are required to pay an application fee.

Ordering & Referring List - View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.

Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide

Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.

Ordering and Referring Information [PDF, 1.64MB] - Learn about the Ordering & Referring enrollment process.

Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.

CMS.gov/Providers - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.

Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0938-1056, 0938-1135 and 0938-0685. Depending on the applicant's provider/supplier type and reason for submission of this information, the time required to complete this information is estimated to be between 15 minutes and 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, Attn.: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, MD 21244-1850.

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Larger screen shot so that the text is readable.

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WARNING: Only authorized registered users have rights to access PECOS. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system, users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Web Policies & Important Links | Department of Health & Human Services | CMS.gov | PECOS FAQs | Accessibility

CENTERS FOR MEDICARE & MEDICAID SERVICES, 7500 SECURITY BOULEVARD, BALTIMORE, MD 21244

CMS

You may also access these screens at https://pecos.cms.hhs.gov.

Medicare Enrollment
for Providers and Suppliers
BROWN COUNTY HOSPITAL | Department Store | MARYLAND

CMS Validation
Home | Help | Logoff

Topics Topics for this Enrollment ▾ SELECT ▸

My Application Progress ▬▬▬ 13%

Home > My Enrollments > Initial Enrollment

Topic View | **Fast Track View** | **Error/Warning Check** 20

Enrollment ID: O04092015000001
PacID: A002108598O04092015000001
Web Tracking ID: T040920150000002

Reason for Application

DMEPOS Supplier is Enrolling in Medicare program for the First Time

DMEPOS Supplier Standards for Medicare Enrollment

Please review the DMEPOS Supplier Standards for Medicare Enrollment 🖳 before completing and submitting the application.
Note: Every Medicare DMEPOS supplier must meet the standards in order to retain their billing privileges.

Reports

Select the hyperlink to view the Application being edited:
View Application being edited 🖳

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
—	**Physical Location and "Special Payments" Address** ➕ more information about Physical Location and "Special Payments" Address
—	**DME Hours of Operation and Jurisdictions Covered** ➕ more information about DME Hours of Operation and Jurisdictions Covered
—	**Organization Information** ➕ more information about Organization Information
✓	**DME Supplier Type** ➕ more information about DME Supplier Type
—	**Accreditation** ➕ more information about Accreditation
—	**Products and Services to be Furnished by Supplier** ➕ more information about Products and Services to be Furnished by Supplier
—	**Non Accredited Products** ➕ more information about Non Accredited Products
—	**1099 Mailing Address** ➕ more information about 1099 Mailing Address
—	**Correspondence Address** ➕ more information about Correspondence Address

Physical Location and "Special Payments" Address

(*) Red asterisk indicates a required field.

Previously Entered Address Information

Select an address or enter a new address in the fields below:

Select address ▾

APPLY ▶

Physical Location Address

Note: The Physical Location address being added or modified must be in the state in which you are enrolling.

* **Effective Date of Information**
mm/dd/yyyy

* **Location Name**

* **Address Line 1**

Address Line 2

* **City**

State/Territory: MARYLAND

* **ZIP Code +4**

NEXT PAGE ▶

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DME Hours of Operation and Jurisdictions Covered

(*) Red asterisk indicates a required field.

DME Hours of Operation

Hours to Add:

Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:
Sunday:	

☐ Open 24/7
☐ By Appointment Only

*Opening Time   -   *Closing Time

[Select ▼]   -   [Select ▼]

☐ Select All Days
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

(ADD MORE ▶)

(NEXT PAGE ▶)

1099 Mailing Address

(*) Red asterisk indicates a required field.

1099 Mailing Address (Domestic)

Previously Entered Address Information

Select an address or enter a new address in the fields below:

Select address ▾ APPLY ▶

Note: Do not use the address of a billing agency, staffing company, or managing organization as the 1099 Mailing address.

* **Country**

United States ▾ SELECT ▶

* **Address Line 1**

[   ]

Address Line 2

[   ]

* **City**

[   ]

* **State/Territory**

Select State/Territory ▾

* **ZIP Code +4**

[   ] [   ]

◀ PREVIOUS PAGE   SAVE ▶

Surety Bond Information

(*) Red asterisk indicates a required field.

Topic Summary

This topic requests information about the applicant's surety bond. ⊞ (more information)

* Is the user required to obtain a surety bond for Medicare enrollment?

○ Yes

○ No

[ADD INFORMATION »]

Surety Bond Information

No Surety Bond Information has been listed. Please answer the question above.

Surety Bond Information

(*) Red asterisk indicates a required field.

Surety Bond Company Identifying Information

* Legal Business Name:

[   ]

* Tax Identification Number
XX-XXXXXXX

[   ]

Surety Bond Company Address (Domestic)

Either select an address from the 'Select address' dropdown field and click the Apply button or enter a new address in the fields below.

Select a previously entered address:

[Select address ▾] [APPLY ▶]

* Country
[United States ▾] [SELECT ▶]

* Address Line 1
[   ]

Address Line 2
[   ]

* City/Town
[   ]

* State/Territory
[Select State/Territory ▾]

* ZIP Code   +4
[   ] - [   ]

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Surety Bond Company Contact Information (Domestic)

* Telephone Number
(555) 555-5555   **x Ext**

Fax Number
(555) 555-5555

Email Address

Surety Bond Information

* Amount of Surety Bond
$

* Surety Bond Number

* Effective Date of Surety Bond
mm/dd/yyyy

Cancellation Date of Surety Bond
mm/dd/yyyy

* Amount of Surety Bond allocated to this Practice Location

○ **$50,000 (Recommended)**

○ **$100,000**

○ **Other amount**
　　* Enter other amount (in increments of $50,000)

* Effective Date of Allocation
mm/dd/yyyy

SAVE ▶

Surety Bond Information

Information

- Surety Bond was successfully added.

Topic Summary

This topic requests information about the applicant's surety bond. ⊞ (more information)

Surety Bond Information

Surety Bond Company

Legal Business Name: Chesapeake Surety Bond
Tax Identification Number (TIN): ▮▮▮▮▮▮▮

Address:
8356 OCEAN GTWY
EASTON, MD 21601 -7148
Telephone Number: (555) 555-5555

Surety Bond

Surety Bond Number: B91706
Amount of Surety Bond: 1000000
Effective Date of Surety Bond: 04/01/2015

Amount of Surety Bond allocated to this Practice Location: 100000
Effective Date of Surety Bond Allocation: 04/01/2015

[EDIT ▶]   [DELETE ▶]