

Defect #1 correction

Prepare a form

Text Field Properties

General Appearance Position Options Actions Format Validate Calculate

Alignment: Left

Default Value:

☐ Field is used for file selection

☐ Password

☐ Check spelling

☐ Multi-line

☐ Scroll long text

☐ Allow Rich Text Formatting

☐ Limit of 0 characters

☒ Comb of 5 characters

Representative

pointing a representative.

Medicare Number or National Provider Identifier

Medicare Number or National Provider Identifier

Phone number (with area code)

Area Code Phone Number

ZIP code

ZIP code

(optional)

Area Code Fax Number (Optional)

Date signed (mm/dd/yyyy)

Month Day Year

Phone number (with area code)

Area Code Phone Number Rep

State ZIP code

Defect #2 correction

Section 1: Information about the person appointing the representative

This section must be completed by the patient, provider or other person appointing a representative.

Text Field Properties

General Appearance Position Options Actions Format Validate Calculate

Alignment: Left

Default Value:

☐ Field is used for file selection

☐ Password

☐ Check spelling

☐ Multi-line

☐ Scroll long text

☐ Allow Rich Text Formatting

☐ Limit of 0 characters

☒ Comb of 2 characters

Medicare Number or National Provider Identifier

Medicare Number or National Provider Identifier

Phone number (with area code)

Area Code Phone Number

State ZIP code

State ZIP code

Fax (optional)

Fax Area Code Fax Number (Optional)

Date signed (mm/dd/yyyy)

Month Day Year

ive Name

ive Name

Phone number (with area code)

Area Code Phone Number Rep

State ZIP code

State ZIP code

Prepare a form

Text Field Properties

ALIGN

MATCH SIZE

ADD CONTENT

T+ Text

ADD FORM C

T Text f

Image

Check

General Appearance Position Options Actions Format Validate Calculate

Alignment: Left

Default Value:

☐ Field is used for file selection

☐ Password

☐ Check spelling

☐ Multi-line

☐ Scroll long text

☐ Allow Rich Text Formatting

☐ Limit of 0 characters

☒ Comb of 2 characters

☐ Locked

Close

Area Code Phone Number

State ZIP code

(optional)

Area Code Fax Number (Optional)

Date signed (mm/dd/yyyy)

Month Day Year

Phone number (with area code)

Area Code Phone Number Rep

State ZIP code

State_2 Zip Code Rep

Fax (optional)

Fax Area Code Fax Number Rep (Optional)

haven't been disqualified, suspended, or
ices (HHS) or otherwise disqualified from
ve may be subject to review and approval

Date signed (mm/dd/yyyy)

Month_2 Day_2 Year_2

One screen, if applicable (go to instructions on page 2)