

If your laboratory is affiliated with other laboratories that are separately certified, please supply a listing with the name(s), address(es), CLIA number(s) and EIN(s) of these entities.

Please have the authorized official sign and date this form to attest to the information given.

Provider Transaction Access Number (PTAN)

National Provider Identifier (NPI)

Authorized Official's Signature

Date

Please print and return the form and supporting documents via mail or fax.

Mail to:

First Coast Service Options, Inc. JN Provider Enrollment P.O. Box 3409 Mechanicsburg, PA 17055-1849

Or

Fax to:

904-361-0737

Provider Enrollment information is located on the enrollment page of our website: medicare.fcso.com. You may also contact us for additional support. Representatives are available Monday – Friday, 8 a.m. – 4 p.m. ET. For enrollment-related questions, contact our Provider Enrollment service line at 888-845-8614. For general questions regarding Medicare, contact our Part B Provider Contact Center: Florida / U.S. Virgin Islands: 866-454-9007 or Puerto Rico: 877-715- 1921.