



51108



Direct Data Entry (DDE)

User ID Request Access Form



Facility and Contact Information

R1-22

*Legal Business Name:	
*Supervisor's full name:	*Supervisor's email address:
*Supervisor's phone number:	Correspondence fax number:
*Street address:	*City:
*State/Province:	*Zip code/Postal code:

Provider Identification

*National Provider Identifier (NPI):	*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
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PTAN (Medicare Part A only, minimum of one PTAN is required):

*PTAN (1)	PTAN (2)	PTAN (3)	PTAN (4)	PTAN (5)	PTAN (6)
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Note: If additional access is needed, please include the PTAN numbers on a separate page.

User Information (Only one user per application)

*User name (First, Middle Initial, Last):	*User's phone number:
*User's email address:	*User signature (Required unless terminating User ID): <small>Only electronic or wet signatures are accepted</small>
*User ID (Required unless requesting new User ID):	*Pin Must be four digits numeric only: (Required unless terminating User ID):

*Type of Request		
New User ID	Reactivate ID	Terminate ID
Remove PTAN	Add Puerto Rico/U.S. Virgin Islands Workload	Add Florida Workload
Change Access to Full	Add PTAN to ID	Name Change

User Location

*Is the user located outside of the United States?	Yes	No	If yes, you must complete the Out of Country/ Offshore Users section on the next page.
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Note: Instructions on how to complete the form can be found on page 3.

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Out of the Country/Offshore Users

1. Is the last connection hop prior to accessing the Medicare system within the United States? (This question should be answered by your technical support.)	Yes	No
2. City and State of last connection hop.	City	State

DDE user ID Compliance Statement and Authorized Official Signature

User agrees to:

1. Be responsible for all activities logged under this DDE USER ID.
2. Not share or exchange this DDE USER ID or password.
3. Report to First Coast any suspected misuse of the DDE USER ID.
4. Use the system to perform tasks only for First Coast Service Options, Inc. business.
5. DDE USER ID is not to be used by anyone other than you.
6. Password is not to be revealed to anyone, including Supervisors and Managers.

If at any time you believe that someone has used your DDE USER ID, or someone asks you to reveal your password, contact Medicare Part A, DDE Support, at (888) 670-0940. Non-Compliance with the above is considered to be unacceptable behavior, which will be cause for First Coast to revoke access to DDE system.

By signing below I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to abide by the laws, regulations, and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with First Coast Service Options on my behalf. By signing below the provider confirms they have read and agree with the Agreement, the CMS obligations, and the Attestation section on page 3 of this document.

***Required Signature**

*Authorized official signature:	*Date
*Name of authorized official (Print):	*Title of authorized official:

Complete form, print, sign, date, and email (recommended), mail, OR fax all pages to:

Email: MedicareEDI@fcso.com

Fax: (904) 361-0470

Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861

Allow 10 business days for processing. Please do not send duplicate forms.

Instructions

Forms that are not legible or filled out incorrectly will be returned. It can take up to 30 days to process application from the date a correct form is received.

Facility and Contact Information

- List the Legal Business name, NPI, Tax ID, Address, City, State and ZIP Code for the Authorized Official.
- List Supervisor's name and email address
- List the Provider Transaction Access Number (also referred to as PTAN or Medicare number) the user needs access to.

User Information - Only one user request per form.

- **User Name:** Enter the name of the person who will be accessing the system or is being terminated.
- **Signature:** Signature of person whose name appears in the User Name field.
- **User Contact Information:** Phone number and email of user requesting access.
- **User ID:** Enter the existing User ID.
- **PIN:** Enter a four digit numeric PIN (typically the last four digits of the user's Social Security or Employee Number) to be used for password resets.

Type of Request

- **New User ID:** Select this option if the user has never been assigned a User ID or was previously assigned a User ID but does not remember the User ID.
- **Reactivate ID:** Select this option to reactivate a User ID that has been deactivated due to non- usage. The ID can only be reactivated for the user the ID was originally assigned to.
- **Terminate ID:** Select this option to terminate User IDs that are no longer needed.
- **Remove PTAN:** Select this option to remove PTANs that are no longer needed but the ID is still needed to access other PTANs.
- **Add Puerto Rico/U.S. Virgin Islands Workload:** Select this option to add Puerto Rico/U.S. Virgin Islands workload to a User ID created by another MAC.
- **Add FL Workload:** Select this option to add the Florida workload to a User ID created by another MAC.
- **Change Access to Full:** Select this option to change a user's access to full.
- **Add PTAN to ID:** Select this option to add additional PTANs to an existing User ID issued by First Coast.

Attestation

The Authorized Official is the individual that have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to abide by the laws, regulations, and the program instructions of Medicare.

Note:

Note: All forms are processed in the order in which they are received. The submitter will receive a fax/letter if the form cannot be processed or a confirmation letter and instructions to setup/reset the user's password (as appropriate). Failure to submit all pages may result in your application being returned.