SPOT
Migration List for Billing Services and Clearinghouses

This template may be submitted with a completed EDI SPOT Enrollment Form for third-party organizations (8291P), or emailed. All fields marked with * are required and must be completed. Only group or solo practices previously enrolled to submit claims through the same Billing Service or Clearinghouse may be migrated with this form. Instructions for completion are provided on page 2.

Group or Solo Practice Legal Business Name	Group or Solo Practice Provider Transaction Access Number (PTAN)	Group or Solo Practice National Provider Identifier (NPI)	Electronic Remittance Advice (ERA) Selection
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown
			Select one from dropdown

***Required Signature and Submitter Information**

*Written Signature of Person Submitting Enrollment: (add after you print the form)	*Date (mm/dd/yyyy):	*Fax Number:	*Telephone Number:
*Printed Name of Person Submitting Enrollment:	*Printed Title of Person Submitting Enrollment:		
*Submitter Legal Business Name:	*Submitter ID:	*Tax Identification Number (TIN):	
*Address:	*City:	*State:	*ZIP:

Print Form Clear Form

SPOT Migration List Template Instructions for Completion:

Complete the instructions below for migrating providers to an existing SPOT Submitter ID.

1. Provide the group or solo practice Provider Name.
2. Provide the group or solo practice PTAN.
   - All PTANs listed must have previously been linked to the same billing service or clearinghouse's non-SPOT Submitter ID.
3. Provide the group or solo practice NPI.
4. Complete the ERA Selection.
   - If no selection is made, the existing ERA setup will be maintained.
     Exception: If the provider is currently receiving paper remittance, they cannot be migrated with this request. The provider will need to complete the EDI SPOT Enrollment Form for Provider Organizations.
5. Complete the signature, fax number, printed name, title, and date signed.
6. Provide the Submitter Legal Business Name, Submitter ID, Tax ID, and mailing address for the billing service or clearinghouse.
7. Email, fax OR mail the completed form to:
   Email: MedicareEDI@fcso.com
   Fax: (904) 361-0470
   Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861