



Prior to a live Zoom with the Practice to walk through the application we need all these steps completed and documentation organized for the call with Encore to complete the DMEPTAN application:

1) Practice must create login for PECOS. The person who registers for PECOS must be present on the ZOOM call with Encore because there is a 2-Step verification from PECOS that is sent to the phone of who registers for PECOS

2) All required documentation must be collected to walk through the Application live.

Practice Information:

- Facility Type 2 NPI
- Practice EIN/Tax ID number
- Practice Primary Contact:
- Office Clinical Contact/Email
- Practice Physical Address and Mailing Address if different
- Practice Phone Number/Fax Number
- Logo and Website
- Date Practice was started.
- Date Business Started at the Physical Address Location
- Hours of Operation
- What is the Practice IRS Registration type
- IRS CP-575 showing the Practice EIN
- Type of Organization (non-publicly traded company)
- Does your Practice store medical records anywhere other than your facility
- Does your Practice store medical records electronically
 - If Yes list the name of the vendor or software vendor
- Login for PECOS

Bank Information:

- Bank name for Reimbursements
- Bank Address
- Bank Contact
- Routing Number
- Account Number
- What kind of Bank Account (personal, business)

- Bank Phone Number
- Voided Check

Practice Billing Information

- Own the Practice
- Legal Business Name of Practice
- Billing Company Tax ID
- Billing Company Main Contact Email
- Billing Company Phone Number
- Billing Company Address

Ownership:

- Number of Owners
- Any Adverse Action or Conviction of Owners
- All Owners Information Below:
 - Name
 - DOB
 - Country of Birth, State of Birth if in USA
 - SSN
 - Ownership %
 - Home Address

All Prescriber Information:

- Name
- NPI#
- Specialty

3)Valid Credit Card to complete payment for submitting for DMEPTAN.

4) Insurance Information:

- Insurance company name
- Agent Full Name
- Agent Telephone Number
- Underwriter Company Name
- Insurance Policy #
- Start Date of Policy

- Expiration date of Policy
- Copy of General Liability Insurance

Please reference the enclosed certificate of insurance requirements at the end of this document.

Once All Information is Organized a Zoom Call with Encore should be scheduled to complete and submit the Application at that time.



DME PTAN APPLICATION CERTIFICATE OF INSURANCE REQUIREMENTS

Remember this COI should be for your Practice General Liability Insurance and not your Professional Liability policy.

Please ensure your General Liability Certificate of Insurance reflects that the policy carries a minimum coverage of \$300,000 per occurrence and lists your state's Medicare MAC Provider the certificate holder.

The name and address of the MAC provider is dependent on the state where your practice is located. Please reference the chart below:

Novitas Solutions
P.O. Box 3704
Mechanicsburg, PA 17055-1863

Palmetto GBA
P.O. Box 100142
Columbia, SC 29202-3142

States:

Alabama
Connecticut
Delaware
Florida
Georgia
Illinois
Indiana
Kentucky
Maine
Maryland
Massachusetts
Michigan
Mississippi
New Hampshire
New Jersey
New York
North Carolina
Ohio
Pennsylvania
Rhode Island
South Carolina
Tennessee
Vermont
Virginia
West Virginia
Wisconsin
Washington D.C.

States:

Alaska
Arizona
Arkansas
California
Colorado
Hawaii
Idaho
Iowa
Kansas
Louisiana
Minnesota
Missouri
Montana
Nebraska
Nevada
New Mexico
North Dakota
Oklahoma
Oregon
South Dakota
Texas
Utah
Washington
Wyoming