



15203



# Novitasphere Submitter ID Update Request Form



Please complete this form and return it to Novitas Solutions to update the information we have on file for your Novitasphere portal submitter ID. Please note, once these changes have been completed, you **MUST** update your Identity Management (IDM) system enrollment the following business day to avoid impacts to your Organization's Novitasphere access. An email will be sent to confirm we have completed your request.

**All fields marked with an \* are required. Please print or type clearly.**

## General Information

R01-22

\*State:

\*Line of business:

## Current Provider Information

|  |                               |                            |
|--|-------------------------------|----------------------------|
| *Current Tax ID or Novitasphere Portal Submitter ID: | *Current legal business name: | Correspondence fax number: |
|--|-------------------------------|----------------------------|

**All Novitasphere Portal Submitter IDs with the same Tax ID will be updated.**

## Change information on file to (check only those that apply):

|                             |                                    |                        |
|-----------------------------|------------------------------------|------------------------|
| Legal business name:        |                                    |                        |
| Contact person's name:      | Contact person's telephone number: |                        |
| Street Address:             | City:                              |                        |
| State/Province:             | Zip code/Postal code:              |                        |
| Tax ID:                     |                                    |                        |
| Approver first name:        | Approver last name:                | Approver email:        |
| Backup Approver first name: | Backup Approver last name:         | Backup Approver email: |

\*The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).

## \*Required Signatures

|   |   |
|---|---|
| *Written Signature of Person Submitting Form (add after you print the form) | *Date:                                    |
| *Printed Name of Person Submitting Form                                     | *Printed Title of Person Submitting Form: |

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

JL: Novitas Solutions, Inc. - EDI - PO Box 3011, Mechanicsburg, PA 17055-1801

JH: Novitas Solutions, Inc. - EDI - PO Box 3093, Mechanicsburg, PA 17055-1811

**OR Fax: 1 (877) 439-5479**

**Please do not send duplicate forms.**

