



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:**

Novitas Solutions Provider Enrollment Services P.O. Box 3157 Mechanicsburg, PA 17055-1836

Or

**Fax to:**

717-728-8759

If you are calling from any of the states in the A/B MAC Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia), you may contact Provider Enrollment Services' customer service line at 1-877-235-8073.