

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 3095 Mechanicsburg, PA 17055-1813

Or

Fax to:

904-361-0614

Provider Enrollment information is found in our Enrollment Center on our website at www.novitas-solutions.com. If you are calling from any of the states in the A/B MAC Jurisdiction JH (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas), you may contact Provider Enrollment Services' customer service line at 1-855-252-8782.