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**SECTION 1: BASIC INFORMATION**

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**ALL APPLICANTS MUST COMPLETE THIS SECTION**

**A. REASON FOR SUBMITTING THIS APPLICATION**

Check one box and complete the required sections of this application as indicated.

<input type="checkbox"/> You are a new enrollee in Medicare	Complete all applicable sections <b>Ambulance suppliers</b> must complete <b>Attachment 1</b> <b>IDTF suppliers</b> must complete <b>Attachment 2</b> <b>OTPs</b> must complete <b>Attachment 3</b>
<input type="checkbox"/> You are enrolling with another Medicare Administrative Contractor (MAC)	Complete all applicable sections <b>Ambulance suppliers</b> must complete <b>Attachment 1</b> <b>IDTF suppliers</b> must complete <b>Attachment 2</b> <b>OTPs</b> must complete <b>Attachment 3</b>
<input type="checkbox"/> You are revalidating your Medicare enrollment	Complete all applicable sections <b>Ambulance suppliers</b> must complete <b>Attachment 1</b> <b>IDTF suppliers</b> must complete <b>Attachment 2</b> <b>OTPs</b> must complete <b>Attachment 3</b>
<input type="checkbox"/> You are reactivating your Medicare enrollment	Complete all applicable sections <b>Ambulance suppliers</b> must complete <b>Attachment 1</b> <b>IDTF suppliers</b> must complete <b>Attachment 2</b> <b>OTPs</b> must complete <b>Attachment 3</b>
<input type="checkbox"/> You are reporting a change to your Medicare enrollment information	Go to section 1B below
<input type="checkbox"/> You are voluntarily terminating your Medicare enrollment Effective date of termination ( <i>mm/dd/yyyy</i> ): _____  Medicare Identification Number: _____	Section 1, 2A1, 13 (optional), and 15 Employers terminating Physician Assistants must complete sections 1, 2A1, 2F, 13 (optional), and 15