

AMBULATORY SURGICAL TREATMENT CENTERS

*THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE **ORIGINAL** TO ITS FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the Illinois Department of Public Health (IDPH). **Questions regarding the 855A should be directed to the Fiscal Intermediary.** The 855A can be found at the following website:

- CMS 855A form www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf

***PLEASE NOTE: When the 855A is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855A has been sent to us.**

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address:

Illinois Department of Public Health
Division of Health Care Facilities and Programs Section
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761
Attention: Kevin Fergusson

Questions regarding Medicare Forms **ONLY**, should be directed to Kevin Fergusson at 217-782-0582, or by e-mail at kevin.fergusson@illinois.gov

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-377 Request for Certification in the Medicare Program to Provide Ambulatory Surgical Treatment Center Services
www.cms.hhs.gov/cmsforms/downloads/cms377.pdf
- CMS-370 - Health Insurance Benefits Agreement form - 2 originals required
www.cms.hhs.gov/cmsforms/downloads/cms370.pdf
Make sure you sign/date/put your title in the section that says "Accepted for the Provider of Services By". DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS
- Medicare Intermediary Information - 1 original required (www.idph.state.il.us)
(Click on Publications then Forms then refer to Medicare Intermediary Section)

INFORMATIONAL READING MATERIAL

- Conditions of Participation and coverage can be found by going to www.cms.hhs.gov/manuals/downloads/som107ap_1_ambulatory.pdf
- Questions regarding CMS form 855A
www.cms.hhs.gov/MedicareProviderSupEnroll/
- Provider –Supplier Enrollment Contacts
www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf