

Healthcare Business Specialists
Specializing in RHC Reimbursement

Exhibit 1 - RHC Startup Application Data
Phase 1 – 855A & State Application Process

Note: Please return this form to Mark R. Lynn, CPA, RHC Consultant, via mail, fax, or email using the information provided below. This will help us to complete the RHC application. We will need the following to complete your application.

First, we will need written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., IRS CP 575) This is the first step in completing the 855A as the legal name must match this exactly; otherwise Medicare will not accept the application.

Please include a blank, void check and indicate the name of the bank contact, phone number, and address of the bank.

We will need a statement in writing from the bank. If Medicare payment due a provider of services is being sent to a bank (or similar financial institution) with whom the provider has a lending relationship (that is, any type of loan), then the provider must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.

Please include all nine digits of any zip code or Medicare will not accept the address. Please complete the following table with the requested information as soon as possible to get your application started. We will need the CP 575 in order to get started.

Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Telephone: (423) 243-6185 Fax: (800) 268-5055
Email: marklynnrhc@gmail.com Website: www.ruralhealthclinic.com

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Ownership - Independent

For independent rural health clinics that are owned by physicians, nurse practitioners, physician assistants, please provide the following information related to each of the owners. **Please complete a separate page for each owner.**

Description	Response
Owner's Full Name including middle name	
Medical Director. Yes or No?	
Ownership Percentage	
Owner's Title/Corporate Position (President/Treasurer/Secretary, Etc.	
Date Ownership effective	
W-2 Managing Employee?? Yes or No	
NPI Number	
Date of Birth	
State/Province or Birth	
Country of Birth	
Social Security Number:	
Home Address	

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Ownership – Provider-based

For provider-based rural health clinics, please provide the following information for the board of directors of the hospital. If a recent 855A has been completed, please provide that to us and we will use that to complete the 855A form if it is current. **Please complete a separate page for each Board Member.**

Description	Response
Owner's Full Name including middle name	
Medical Director	
Ownership Percentage	
Owner's Title/Corporate Position (President/Treasurer/Secretary, Etc.)	
Date Ownership effective	
W-2 Managing Employee?? Yes or No	
NPI Number	
Date of Birth	
State/Province or Birth	
Country of Birth	
Social Security Number:	
Home Address	

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Clinic Information

Description	Response
Clinic's Legal Name: Must be exactly the same as the CP-575. YOU MUST ATTACH	
Clinic's Mailing Address: Must use 9-digit zip codes (zip plus 4)	
Clinic's Physical Address: Must use 9-digit zip codes (zip plus 4)	
Clinic's Telephone Number:	
Clinic's Fax Number:	
Clinic's Federal ID Number:	
Clinic's CLIA Number:	
Clinic's Date of Incorporation (If applicable)	
Date Started Business in current location:	
Clinic's Email address:	
Address you want checks to go to?	
What County are you located in?	
How many employees work for you?	
How many are NP's or PA's do you employ?	
What is the Group's NPI number?	

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Banking Information for 588-EFT

Description	Response
Please provide a void check or deposit information, or a written letter from the bank with the banking and routing information	
Name of Bank	
Name of Bank Contact	
Bank Telephone Number:	
Bank Address - Street Address	
Bank Address, City and State	

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DOCUMENTS NEEDED FOR CMS-855A (Not having these documents will slow the processing of your 855A – Medicare will request them)

- Copy of Business License if applicable (most states this is NA)
- Copy of CLIA Certificate
- NPI Notification Memo
- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (CP-575)
- Articles of Incorporation (If corporation or LLC)
- Copy of W-2 for Managing Employee listed in Section 6
- If post office box number is used, will need a copy of the current payment receipt from the post office
- Letter from the Bank verifying the routing and account number listed on the EFT form; *OR* an original check marked “Void”
- If there is a loan at the bank in the name of the practice, will need a letter from the bank stating *“the bank has agreed to waive its right of offset for Medicare receivables”*. If there is NOT a loan at the bank, will need a letter on the practice’s letterhead stating *“that there is a not a loan at the bank”*.

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