

Medicare Part A/B Eligibility Facilitation Service Implementation Form

Please complete as indicated (*) the required information to process your Medicare Part A/B Eligibility Facilitation Service Amendment.

Complete Information

Check if RelayHealth has your NPI List.

*NPI # List:
(separate by semicolons)

*Your Name:

*Your Title:

*Legal Company Name:

*Notice Address:

*City:

*State:

*U.S. Zip:

*Phone Number:
use: xxx-xxx-xxxx

Fax Number:

*Email Address:

Directions

1. Print and complete the **Implementation Form** in its entirety (either online or by hand).
2. Also, print and sign the **Medicare Part A/B Eligibility Facilitation Service Amendment**.
3. Mail both documents to our Legal Department at:

RelayHealth
Attn: Legal Department
1564 Northeast Expressway NE
Atlanta, GA 30329

The Medicare Part A/B Eligibility Facilitation Service Amendment must have a handwritten signature.

If you have any questions or need additional information, please feel free to contact our Customer Support Center at **1-800-388-2316**.
