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APR 21 2017



Hidalgo County
Health & Human Services Department MEDICARE
Edinburg Clinic

WRJH - WCU1097G - 004178 - 001 OF 003

April 10, 2017

HIDALGO COUNTY
3105 E RICHARDSON ROAD
EDINBURG TX 785429059

CCN: 681700402463

Dear HIDALGO COUNTY:

Every five years, CMS requires you to revalidate your Medicare enrollment record. You need to update or confirm all the information in your record, including your practice locations and reassignments.

We need this from you by **June 30, 2017**.

Failure to respond to this notice will result in a hold on your payments and possible deactivation of your Medicare enrollment. If you are a non-certified provider or supplier and your enrollment is deactivated, you will maintain your original PTAN, however will not be paid for services rendered during the period of deactivation. This will cause a gap in your reimbursement.

What record needs revalidating by June 30, 2017

Provider: HIDALGO COUNTY
NPI: 1932146636
PTAN: PH0021


CMS lists the records that need revalidation at go.cms.gov/MedicareRevalidation.

What you need to do

Revalidate your Medicare enrollment record, through PECOS.cms.hhs.gov, or form CMS-855.

- **Online:** PECOS is the fastest option. If you don't know your username or password, PECOS offers ways to retrieve them. Our customer service can also help you by phone 866-484-8049.
- **Paper:** Download the right version of form CMS-855 for your situation at cms.gov. We recommend getting proof of receipt of your mailing. Mail to the following address:

Medicare Provider Enrollment
P.O. Box 44137
Jacksonville, FL 32231



If you have a fee due, use PECOS to pay. If you feel you qualify for a hardship waiver, mail us a request on practice letterhead with financial statements, application form, and certification. For more fees and exceptions, search [cms.gov](https://www.cms.gov) for "[CR 7350](#)" or "[Fee Matrix](#)".


If you need help

Visit go.cms.gov/MedicareRevalidation

Please contact our JH Provider Enrollment Contact Center at 855-252-8782 between the hours of 8:00 A.M. - 4:00 P.M. CT and MT for any questions or visit Novitas-Solution.com for more options.

Sincerely,

Medicare Provider Enrollment



Provider Name: HIDALGO COUNTY
CCN: 681700402463




REVALIDATION PROJECT

**PLACE THIS COVERSHEET ON THE TOP OF YOUR
APPLICATION SUBMISSION**

**Mail To: Medicare Provider Enrollment
P.O. Box 44137
Jacksonville, FL 32231**

KEY ITEMS TO REMEMBER!!!!!!

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- Review your application and verify that all sections of the CMS-855 are complete and accurate.
 - Ensure that your application certification page section 15 is **Signed and Dated** in pen by the Individual Provider or Authorized/Delegated Official.
 - Applications completed in pencil, stamped or electronically signed will be returned!!!
 - Include all supporting documentation requested in Section 17 of the CMS-855.