



MEDICARE

March 31, 2026

HIDALGO COUNTY
1304S 25TH AVE
EDINBURG, TX 78542

RECEIVED
Billing Division

APR 08 2026

Hidalgo County Health &
Human Services Department

DCN: 4260060785

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 by submitting a revalidation application.

We need this from you by **June 30, 2026**. If we don't receive a revalidation application by then, we may stop your Medicare billing privileges.

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, 2026

Provider: HIDALGO COUNTY

NPI: 1932146636

PTAN: PH0021

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

What you need to do

Revalidate your Medicare enrollment record, through <https://pecos.cms.hhs.gov/pecos/login.do> 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 at 866-484-8049.

- **Paper:** Download the right version of form CMS-855 for your situation at cms.gov. We recommend getting proof of receipt for your mailing. Mail to

Medicare Provider Enrollment

PO Box 3095

Mechanicsburg, PA 17055-1813

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 on fees and exceptions, search cms.gov for “[CR 7350](#)” or “[Fee Matrix](#)”.

A new Electronic Funds Transfer (EFT) Authorization Form (CMS-588) is only required to be submitted as part of your revalidation package if: (1) you have no Form CMS-588 on file with Medicare at all; or (2) you are changing any of your existing Form CMS-588 data.

The current version of the form can be found at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf>.

If you need help

Visit go.cms.gov/MedicareRevalidation

Call 1-855-252-8782 or visit <http://www.Novitas-Solutions.com> for more options.

Sincerely,

Medicare Provider Enrollment



Provider Name: HIDALGO COUNTY
DCN: 4260060785

REVALIDATION PROJECT

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

**Mail To: Medicare Provider Enrollment
PO Box 3095
Mechanicsburg, PA 17055-1813**

KEY ITEMS TO REMEMBER!!!!!!!

- 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 or stamped will be returned!!!
- Include all supporting documentation requested in Section 12 (855B/855I)/Section 17 (855A) of the CMS-855.

