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CHECKLIST FOR MEDICARE/MEDICAID ENROLLMENT

- LEGAL COMPANY NAME
 - PHYSICAL ADDRESS FOR COMPANY
 - MAILING ADDRESS FOR COMPANY
 - TELEPHONE AND FAX NUMBER FOR COMPANY
 - IRS PAPERS-LETTER/FORM FROM IRS STATING EMPLOYER IDENTIFICATION# (CP575 A)
 - COPY OF OFFICIAL STATE LICENSE
 - VEHICLE REGISTRATION
 - VOIDED CHECK FOR (EFT)
 - SOCIAL SECURITY #
 - COPY OF OWNERS'S DRIVER'S LICENSE (FRONT AND BACK)
 - COPY OF RESIDENCY CARD-IF APPLICABLE (FRONT AND BACK)
 - COPY OF 2 EMT LICENSES (FRONT AND BACK)
 - COPY OF CURRENT UTILITY BILL IN LEGAL BUSINESS NAME
 - MEDICARE: CONFIRMATION FROM MEDICARE SHOWING APPLICATION FEE HAS BEEN PAID\$569 <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>
- BOLD ITEMS BILLING COMPANY WILL HANDLE:**
- NPI ENUMERATOR NUMBER INCLUDING LETTER – **ABS**
 - CERTIFICATION OF ACCOUNT STATUS – **ABS**
 - BILLING AGENCY NAME INFORMATION – **ABS**