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CHECKLIST FOR MEDICARE REVALIDATION

- Please provide letter, if received, from CMS stating a Revalidation Application is being requested.
- Name of Company, NPI#, Copy of IRS issued Tax ID/EIN.
- Copies of Certificate of Filing, Certificate of Formation, Articles of Incorporation, and any DBAs, if applicable.
- Basic company demographic information: Address(es), any and all contact information such as phone, fax, and email. Are there any changes needing to be updated or reported? Please advise.
- Whom is listed as the Authorized Official on file with Medicare? A copy of their Driver's License, Social Security Number will be needed. What country are they a Citizen of and what State were they born in? Is it still the same person or are there any changes to be reported? Please advise.
- A copy of your current TDSHS EMS Provider License will be required.
- Proof of any previous payments for any other Medicare applications. If there are no receipts, the Medicare Revalidation application fee is \$569.00.
- A copy of a vehicle title to provide to Medicare. Vehicle must currently listed within fleet with the TDSHS.
- Copy of original Medicare Enrollment Letter