

Audit & Reimbursement - Contact Information Update

Instructions: To change the contact person for Medicare cost report related correspondence, please complete Sections 1 and 2 below and email the approved form to: STAR@Palmettogba.com.

Note: Address Changes and other updates must be submitted to Provider Enrollment on the CMS Form 855A (or online using PECOS).

Provider Name*

Provider Number (six digits)*

Section 1: Contact Person for Audit & Reimbursement

Contact Name*

Title*

Phone*

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Email*

Section 2: Approval

The approver must be an authorized official as submitted on the 855A (and reflected in PECOS).

Approved By*

Title*

Signature*

Date*