

## AMBULATORY SURGICAL TREATMENT CENTERS

\*THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE **ORIGINAL** TO ITS FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the Illinois Department of Public Health (IDPH). **Questions regarding the 855A should be directed to the Fiscal Intermediary.** The 855A can be found at the following website:

- CMS 855A form [www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf)

**\*PLEASE NOTE: When the 855A is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855A has been sent to us.**

All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address:

Illinois Department of Public Health  
Division of Health Care Facilities and Programs Section  
525 W. Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761  
Attention: Kevin Fergusson

Questions regarding Medicare Forms **ONLY**, should be directed to Kevin Fergusson at 217-782-0582, or by e-mail at [kevin.fergusson@illinois.gov](mailto:kevin.fergusson@illinois.gov)

### FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-377 Request for Certification in the Medicare Program to Provide Ambulatory Surgical Treatment Center Services  
[www.cms.hhs.gov/cmsforms/downloads/cms377.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms377.pdf)
- CMS-370 - Health Insurance Benefits Agreement form - 2 originals required  
[www.cms.hhs.gov/cmsforms/downloads/cms370.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms370.pdf)  
**Make sure you sign/date/put your title in the section that says "Accepted for the Provider of Services By". DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS**
- Medicare Intermediary Information - 1 original required ([www.idph.state.il.us](http://www.idph.state.il.us))  
(Click on Publications then Forms then refer to Medicare Intermediary Section)

## INFORMATIONAL READING MATERIAL

- Conditions of Participation and coverage can be found by going to [www.cms.hhs.gov/manuals/downloads/som107ap\\_1\\_ambulatory.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_1_ambulatory.pdf)
- Questions regarding CMS form 855A  
[www.cms.hhs.gov/MedicareProviderSupEnroll/](http://www.cms.hhs.gov/MedicareProviderSupEnroll/)
- Provider –Supplier Enrollment Contacts  
[www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf)