

Examples of Acceptable Provider Enrollment Documents

Use this checklist to determine which types of documents are acceptable to be included with your provider enrollment applications.

Board Certification –

Being board certified means a healthcare professional has completed extensive, specialized training and passed applicable exams in a specific field of study. The healthcare professional demonstrates expertise beyond basic licensure and commits to ongoing education to stay current, which signifies a higher standard of knowledge and skill in their specialty.

When completing an individual enrollment application, you must include a copy of the board certification, if applicable.



Business License –

As it relates to healthcare, a business license is a formal authorization, usually from a state agency, allowing individuals or facilities to provide healthcare services legally. This license ensures they meet professional, educational, and safety standards. Business licenses could cover a range of services from general practice to durable medical equipment.

Be sure to include any applicable business licenses when completing your provider enrollment application.

 Town of Summerville BUSINESS LICENSE	<table border="1"><tr><td>LICENSE NUMBER [REDACTED]</td><td>CLASS CODE 4</td></tr><tr><td>DATE ISSUED 03/26/2025</td><td>EXPIRATION DATE 04/30/2026</td></tr><tr><td colspan="2">LICENSEFOR Healthcare, social assistance, child day care services</td></tr></table>	LICENSE NUMBER [REDACTED]	CLASS CODE 4	DATE ISSUED 03/26/2025	EXPIRATION DATE 04/30/2026	LICENSEFOR Healthcare, social assistance, child day care services	
LICENSE NUMBER [REDACTED]	CLASS CODE 4						
DATE ISSUED 03/26/2025	EXPIRATION DATE 04/30/2026						
LICENSEFOR Healthcare, social assistance, child day care services							
<p>Location of Business</p> <p>[REDACTED]</p> <p>This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.</p> <p>German Dermatology, A1 Dermatology Practice Patient Management, LLC 801 York Street Manitowoc WI 54220</p>	<p>This license is issued pursuant to the provisions of all ordinances of the Town of Summerville and amendments thereto.</p> <p><i>Don Cipr</i> Authorized Signature</p>						

CITY OF EASLEY BUSINESS LICENSE		
THIS LICENSE EXPIRES: 04/30/2026	LICENSE NUMBER [REDACTED]	DATE ISSUED 05/28/2025
<p>EASLEY HOSPITALITY LLC 621310 / 4000</p> <p>[REDACTED]</p> <p><i>Denise Meetze</i></p> <p>EASLEY, SC 29642</p>		

CLIA Certificate –

Clinical Laboratory Improvement Amendments (or CLIA) certification is a federal requirement for all U.S. laboratories testing human specimens. This certification ensures accuracy, reliability and timeliness of patient test results for better diagnosis and treatment decisions, which is mandated by CMS and overseen by the CDC and FDA.

When applicable, upload a copy of your CLIA certificate when completing your provider enrollment application.

Keep in mind that the certificate should reflect the address of the practice location being submitted on the application.

If it is a multi-site CLIA certificate, be sure to specify this information in the case comments.

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS											
CERTIFICATE OF COMPLIANCE											
LABORATORY NAME AND ADDRESS CHARLES E. COOPER, PA 8500 COASTAL DR., STE B MYRTLE BEACH, SC 29572	CLIA ID NUMBER 42-00000000	EFFECTIVE DATE 04/12/2024	EXPIRATION DATE 04/11/2026								
LABORATORY DIRECTOR STE [REDACTED] ID	<p>Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.</p> <p> Gregg Brandish, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group Center for Clinical Standards and Quality</p>										
<p>If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:</p> <table><thead><tr><th>LAB CERTIFICATION (CODE)</th><th>EFFECTIVE DATE</th><th>LAB CERTIFICATION (CODE)</th><th>EFFECTIVE DATE</th></tr></thead><tbody><tr><td>PATHOLOGY - HISTOPATHOLOGY (610)</td><td>04/12/2024</td><td></td><td></td></tr></tbody></table>				LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE	PATHOLOGY - HISTOPATHOLOGY (610)	04/12/2024		
LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE								
PATHOLOGY - HISTOPATHOLOGY (610)	04/12/2024										

CMS Letter -

A CMS approval letter is an official document from the Centers for Medicare & Medicaid Services. It grants permission or confirms acceptance for services related to Medicare, Medicaid or related health programs.

The CMS letter must be included with all group applications for facilities and ancillary facilities, which include DME, ambulance and pharmacy.

PO BOX 100144 COLUMBIA, SC 29202 PALMETTOGBA.COM/MEDICARE ISO 9001 A/B MAC JURISDICTION M North Carolina, South Carolina, Virginia, West Virginia, Home Health and Hospice	 PALMETTO GBA A Celerian Group Company
October 3, 2025	
ROSA CLARK MEDICAL CLINIC ASSOCIATION, INC [REDACTED] [REDACTED] [REDACTED] SENECA, SC 29672	
DCN: 25055065000014	
Dear Provider,	
Palmetto GBA has approved your enrollment as a federally qualified health center (FQHC).	
Medicare Enrollment Information	
Legal Business Name (LBN)	[REDACTED] ASSOCIATION, INC
Doing Business As (DBA)	[REDACTED] CLINIC, INC
Physical Location Address	[REDACTED] WESTMINSTER, SC 29693-2122
National Provider Identifier (NPI)	[REDACTED]
Provider Transaction Access Number (PTAN)/CMS Certification Number (CCN)	[REDACTED]
PTAN/CCN Effective Date	09/04/2025
Medicare Year-End Cost Report Date	12/31/2025
Provider/Supplier Agreement Information	
CMS Certification Number (CCN)	[REDACTED]
Effective Date of CCN	09/04/2025
Included with this letter is a copy of your "Attestation Statement for Federal Qualified Health Center" (Exhibit 177), which CMS has signed.	
Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.	
Contact our electronic data interchange (EDI) department for enrollment and further instructions on electronic claims filing at 855-696-0705.	
Enroll, make changes to, or view your existing enrollment information by logging into PECOS at https://pecos.cms.hhs.gov .	
 A CMS-Contracted Medicare Administrative Contractor	

Collaborative Agreement (Protocols) –

A collaborative agreement is a formal, signed agreement between the supervising physician and the nurse practitioner or physician assistant. It allows the nurse practitioner or physician assistant to provide expanded care and services beyond their typical scope, such as managing medications, administering immunizations or conducting tests.

This information must be included with individual enrollment applications for nurse practitioners and physician assistants.

Keep in mind that the supervising physician must have current credentials with BlueCross and must be active in our system. The supervising physician must also be in the same networks being requested for the nurse practitioner or physician assistant.

	<p>South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Medical Examiners 110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11289 • Columbia • SC • 29211 Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515 llr.sc.gov/med</p>
SCOPE OF PRACTICE GUIDELINES ADDENDUM FORM	
Primary Supervising Physician Name: (Print) <u>Dr. [REDACTED]</u>	License No.: <u>35455</u>
Primary Supervising Physician Signature: <u>[REDACTED]</u>	Date: <u>10/24/2024</u>
Physician Assistant Name: (Print) <u>[REDACTED]</u>	License No.: <u>10000</u>
Physician Assistant Signature: <u>[REDACTED]</u>	Date: <u>6/22/25</u>
I. Level of Prescriptive Authority Authorized by Primary Supervising Physician	
<input type="checkbox"/> None <input type="checkbox"/> Non-Controlled Substance Only <input checked="" type="checkbox"/> Controlled Substances (<input type="checkbox"/> Schedule 2 <input checked="" type="checkbox"/> Schedule 3-5)	
[If you are seeking Controlled Substance Prescriptive Authority, please apply directly to DHEC]	
S.C. Department of Health and Environmental Control, Bureau of Drug Control, P.O. Box 100103, Columbia, SC 29202-3103. [803-896-0634]. You must also complete the DHEC and DEA Controlled Substances Registration application located at www.scdhec.gov/scripts under New Registrations prior to prescribing controlled substances. Include this form with your application.	
YOU MAY NOT PRESCRIBE CONTROLLED SUBSTANCES VIA TELEMEDICINE UNLESS SPECIFICALLY AUTHORIZED BY THE BOARD. A BOARD APPEARANCE IS REQUIRED PRIOR TO PRESCRIBING CONTROLLED SUBSTANCES VIA TELEMEDICINE.	
II. Medical Acts Authorized by Primary Supervising Physician	
Provide non-controlled prescription drugs at an entity that provides free medical care for indigent patients.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Refer a patient to physical therapy for treatment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pronounce death, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Issue an order for a patient to receive appropriate services from a licensed hospice as defined in S.C. Code Chapter 71, Title 44.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Certify that an individual is handicapped and declare that the handicap is temporary or permanent for the purposes of the individual's application for a placard.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Execute a Do Not Resuscitate Order [DNR] pursuant to the provisions of Chapter 78, Title 44.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Execute physician orders for Scope of Treatment (POST) forms if specifically authorized to do so in their scope of practice guidelines.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Scope of Practice Guidelines Addendum Form (11/19) Page 1 of 2

DEA License –

The Drug Enforcement Administration (or DEA) license is a federal credential required for U.S. healthcare providers to legally prescribe, dispense, administer or handle controlled substances like opioids, stimulants and sedatives.

When completing an individual enrollment application, this question must be answered. If the answer is yes, a copy of the license must be included. If the answer is no, you must include the prescribing provider's details.

For pharmacists, as it pertains to the Healthy Blue network only, they will not have a DEA number. When answering this question, the facility's DEA information should be included.

DEA REGISTRATION NUMBER BG6 [REDACTED]	THIS REGISTRATION EXPIRES 09-30-2026	FEE PAID \$888
SCHEDULES 2,2N,3, 3N,4,5	BUSINESS ACTIVITY PRACTITIONER	ISSUE DATE 08-10-2023
[REDACTED] CAROLINA MEDICAL [REDACTED] 906 [REDACTED] MYRTLE BEACH, SC 295724114		

U.S. Department of Justice
Drug Enforcement Administration

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

U.S. Department of Justice
Drug Enforcement Administration

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER BG [REDACTED]	THIS REGISTRATION EXPIRES 09-30-2026	FEE PAID \$888
SCHEDULES 2,2N,3, 3N,4,5	BUSINESS ACTIVITY PRACTITIONER	ISSUE DATE 08-10-2023
[REDACTED] CAROLINA MEDICAL [REDACTED] 906 [REDACTED] MYRTLE BEACH, SC 295724114		

Form DEA-223 (9/2016)

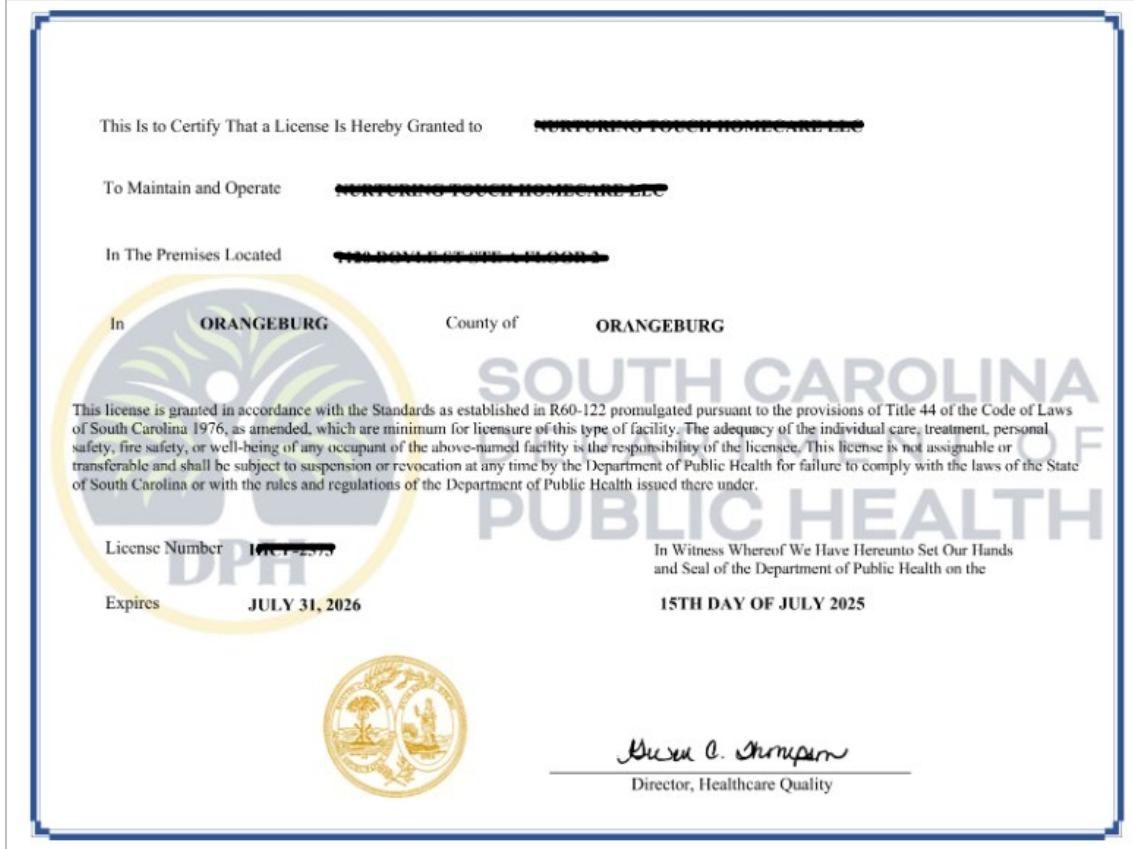
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DPH License –

The Department of Public Health (or DPH) license authorizes businesses or individuals to operate in regulated health and environmental areas, such as handling controlled substances.

The DPH license must be included with group applications for pharmacies, RHCs and FQHCs, home health agencies and so forth.



IRS Documents –

IRS documents include the CP 575 and Letter 147C.

A CP 575 is an official notice from the IRS that serves as confirmation for a provider's newly assigned Employer Identification Number, or EIN. It is an important document for several business operations, as it is official proof of the provider's EIN and associated business details.

A Letter 147C is similar to the CP 575 and serves as the EIN verification letter. It is issued upon request to confirm an existing business's legal name, address and EIN on file with the IRS.

The information must be included with all group enrollment applications.

CP 575

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-02-2019
Employer Identification Number:
[REDACTED]
Form: SS-4
Number of this notice: CP 575 G
[REDACTED] 1 LLC
[REDACTED] MYRTLE BEACH, SC 29579
For assistance you may call us at:
1-800-829-4933
IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-6243768. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must file Form 8832 election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4933) or visit your local IRS office.

LTR 147C

 Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 059991007
Jun 28, 2018 LTR 147C
[REDACTED]

CONFIDENTIAL PLASTICOLGY SC
801 YORK ST.
MANITOWOC WI 54220-4630 013

Taxpayer Identification Number: 059991007

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of June 28th, 2018.

Your Employer Identification Number (EIN) is [REDACTED]. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Malpractice –

Malpractice insurance protects healthcare professionals from financial losses due to lawsuits claiming negligence, errors or omissions in their professional services that cause patient harm, injury or financial loss.

The malpractice must be included with individual enrollment applications, and the minimum coverage requirement is \$1 million per occurrence and \$3 million aggregate. The exception to this requirement is for pharmacists; they require a minimum of \$1 million per occurrence and \$1 million aggregate.

Keep in mind that the malpractice must be in the provider's name and the effective dates listed should correspond to the provider's start date with the practice.

If it is a group malpractice, the provider's name must be listed on the document or included in an attached roster.

Medical License –

A medical license is a legal authorization from a state's medical board, allowing a qualified individual to practice medicine, ensuring they have the necessary education, passed required exams and meet standards of conduct to safely treat patients.

A copy of the medical license must be included with individual applications and should include the past five years.

While the past five years can come from any state, the current license must be for the state in which services are being provided.

