



# Novitasphere

## Submitter ID Update Request Form



Please complete this form and return it to Novitas Solutions to update the information we have on file for your Novitasphere portal submitter ID. Please note, once these changes have been completed, you **MUST** update your Identity Management (IDM) system enrollment the following business day to avoid impacts to your Organization's Novitasphere access. An email will be sent to confirm we have completed your request.

**All fields marked with an \* are required. Please print or type clearly.**

### Organization information

R2-24

\*State:

\*Line of business:

**All Novitasphere Portal Submitter IDs with the same Tax ID will be updated.**

\*Current Tax ID or Novitasphere Portal Submitter ID:

\*Current legal business name:

Correspondence fax number:

### \*Information to be changed (ONLY complete fields that need changed, leave all others blank)

Updated legal business name:

Updated Tax ID:

Updated contact person's name:

Updated contact person's telephone number:

Updated organization street address:

Updated organization City:

Updated organization State/Province:

Updated organization ZIP code/Postal code:

Updated Approver first name:

Updated Approver last name:

Updated Approver email:

Updated Backup Approver first name:

Updated Backup Approver last name:

Updated Backup Approver email:

Providers: The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).

### \*Required Signature

\*Written Signature of Person Submitting Form: (add after you print the form)

\*Date (mm/dd/yyyy):

\*Printed Name of Person Submitting Form:

\*Printed Title of Person Submitting Form:

\*Contact person's email address:

\*Contact person's telephone number:

**Complete form, print, sign, date, and fax (recommended), OR mail all pages to:**

JH: Novitas Solutions, Inc. - EDI - PO Box 3093, Mechanicsburg, PA 17055-1811

JL: Novitas Solutions, Inc. - EDI - PO Box 3011, Mechanicsburg, PA 17055-1801

**OR Fax: 1 (877) 439-5479**

**Please do not send duplicate forms.**