



Administrative Simplification Compliance Act (ASCA) Waiver Request Form



All fields marked with * are required and must be completed or the request will be rejected.

* Provider Information *(Complete using your billing/group information only - member information is not needed)*

*Provider name:	*Street address:	
*City	*State	*ZIP
*Email address for enrollment response:	*Telephone number with extension:	
*Provider Transaction Access Number (PTAN):	*National Provider Identifier (NPI):	

* Waiver Request Reason *(choose one reason explaining why you need a waiver to submit claims on paper)*

Small provider. Indicate the number of FTE employees:

*You must include supporting documentation such as payroll records, tax records or certified letter from a CPA

Roster Biller of flu, pneumonia or COVID vaccines

Dentist

Claims under a Medicare demonstration project

Claims rendered out of the US

Tertiary claims (claims where more than one payer is primary to Medicare)

Unusual Circumstances (choose one reason below explaining the unusual circumstance)

Service Interruption (interruption to phone lines, electricity, communications, or out of office)

Date interruption began:

Reason for interruption:

Provider submits less than 10 claims a month

Other unusual circumstance - provide detailed explanation:

The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855). I hereby attest that my response and the information provided on this document are true, complete, and accurate, and I understand that this information may be used to verify my identity.

* Required Signatures

*Written Signature of Person Submitting Enrollment (add after you print the form)	*Date:
*Printed Name of Person Submitting Enrollment	*Printed Title of Person Submitting Enrollment:

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

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

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

OR Fax: 1 (877) 439-5479