



Request for Railroad Medicare PTAN for Electronic Submitters

This form is for electronic claim submitters only.

- Please enter your information into this form prior to pressing the **PRINT** button. Any forms printed blank and then handwritten will cause processing delays.
- Provider(s) must have provided a service(s) to a Railroad Medicare beneficiary.
- Provider(s) must already be enrolled with your local Medicare Administrative Contractor (MAC).
- To enroll with EDI visit, www.PalmettoGBA.com/rr/edi
- This form may be completed for up to 5 providers, for more than 5 providers complete additional forms.
- Please do not submit changes to your existing Railroad Medicare PTANs on this form.

Date: Email:

Legal Business Name:

Tax Identification Number:

Payment/Remit Address:

City: State: Zip Code:

Practice Location Address:

City: State: Zip Code:

Individual NPI	Local MAC PTAN	Last Name	First Name	Group NPI #	Local MAC Group PTAN

Submitter Name: Phone Number:

Please Fax This Form to (803) 382-2417

