DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Pharmacy Fax Request to the CMS Regional Office For Point-of-Sale Facilitated Enrollment Claims Over 90 Days Old

Fax to: Regional Office Name: _____

Fax Number: _____

CMS Regional Office (RO) Number and Name	States/Territories Served	Regional Office Caseworker Fax Number	Regional Office Caseworker Phone Number (For follow-up if the pharmacy has not been contacted in 3 business days)
RO 1 Boston	CT, MA, ME, NH, RI, VT	617-565-3856	617-565-1232
RO 2 New York	NJ, NY, PR, USVI	212-265-2665	212-616-2222
RO 3 Philadelphia	DE, DC, MD, PA, VA, WV	215-861-4176	215-861-4226
RO 4 Atlanta	AL, FL, GA, KY, MS, NC, SC, TN	404-562-7386	404-562-7500
RO 5 Chicago	IL, IN, MI, MN, OH, WI	312-886-5705	312-353-1102
RO 6 Dallas	AR, LA, NM, OK, TX	214-767-0323	214-767-6401
RO 7 Kansas City	IA, KS, MO, NE	816-426-7604	816-426-5783
RO 8 Denver	CO, MT, ND, SD, UT, WY	303-844-2776	303-844-4024
RO 9 San Francisco	American Samoa, AZ, CA, Northern Mariana Islands, Guam, HI, NV	415-744-3761	415-744-3617
RO 10 Seattle	AK, ID, OR, WA	206-615-2363	206-615-2354

Please provide all of the following beneficiary and pharmacy information [Note: Incomplete requests may result in processing delays.]:

Beneficiary Information:

Beneficiary Medicare Number_____
Beneficiary First Name_____
Beneficiary Last Name_____
Date of Birth_____
Gender_____
Street Address_____
Zip Code_____
Date of Service_____
The beneficiary has Medicare and (Please check one):
Medicaid ☐ Low Income Subsidy (LIS) ☐

Pharmacy Information:

Pharmacy Name_____
Pharmacy Contact_____
Pharmacy Phone Number_____
Pharmacy Email Address_____