

Medicaid Provider ID: _____
or, Application Tracking Number (ATN) _____



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**Community Behavioral Health Services
Medicare Crossover & Third-Party Liability (TPL)
Group Membership Form**

All Community Behavioral Health Services applicants who plan to submit Medicare or TPL crossover claims must complete this form.

A Medicare ID may only be cross referenced to one Medicaid ID. If you have multiple Medicaid enrolled locations but only one Medicare ID, you must specify one of your Medicaid locations to cross reference to your one Medicare ID. All Medicare crossover and TPL claims, regardless of place of service, must be submitted using this Medicaid ID.

NOTE: If the Medicare ID you list below is already cross referenced to another Medicaid ID, then by submitting this form you are authorizing Medicaid to end that cross reference and to establish a new cross reference to the Medicaid ID listed above.

Group's Information:

List the group's name and Medicare ID and include an original signature. *(If the group's Medicaid provider ID is pending, write "pending" in the box and the fiscal agent will supply the ID once it is assigned.)*

Group's Name <i>(Please print)</i>	Group's Medicare ID	Authorized Signature

Group Member's Information:

List all the members of your entity who will be providing care to dually-eligible Medicare and third-party liability (TPL) recipients. Include their individual Medicaid provider IDs along with their individual Medicare provider IDs. The individual Medicaid provider IDs listed here will be linked to the group Medicaid provider ID you have chosen to use for all crossover claims.

Each member must print and sign his or her name. All signatures must be original. No stamps or copies accepted.

Individual Member's Name <i>(Please print)</i>	Individual Member's Medicaid ID <i>(Will be linked to the group's Medicaid ID listed above.)</i>	Individual Member's Medicare ID <i>(Will be linked to the individual's Medicaid ID.)</i>	Signature