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## SECTION 14: PENALTIES FOR FALSIFYING INFORMATION ON THIS APPLICATION

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This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. section 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. section 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a federal health care program. The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. Section 3729, imposes civil liability, in part, on any person who, with actual knowledge, deliberate ignorance or reckless disregard of truth or falsity (a) presents or causes to be presented to the United States Government or its contractor or agent a false or fraudulent claim for payment or approval; (b) uses or causes to be used a false record or statement material either to a false or fraudulent claim or to an obligation to pay the Government; (c) conceals or improperly avoids or decreases an obligation to pay or transmit money or property to the Government; or (d) conspires to violate any provision of the False Claims Act. The False Claims Act imposes a civil penalty of between \$5,000 and \$10,000 per violation, as adjusted for inflation by the Federal Civil Penalties Inflation Adjustment Act, 28 U.S.C. 2461, plus three times the amount of damages sustained by the Government.
4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any state agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
  - a. was not provided as claimed; and/or
  - b. the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and state health care programs.
5. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.
6. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any, health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
7. The United States Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

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## SECTION 15: CERTIFICATION STATEMENT

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An **Authorized Official** is defined as an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.

A **Delegated Official** is defined as an individual who is delegated by an authorized official the authority to report changes and updates to the supplier's enrollment record. A delegated official must be an individual with an "ownership or control interest" in (as that term is defined in section 1124(a)(3) of the Social Security Act), or be a W-2 managing employee of the supplier.

Delegated officials may not delegate their authority to any other individual. Only an authorized official may delegate the authority to make changes and/or updates to the supplier's Medicare status. Even when delegated officials are reported in this application, an authorized official retains the authority to make any such changes and/or updates by providing his or her printed name, signature, and date of signature as required in section 15B.

**NOTE:** Authorized officials and delegated officials must be reported in section 6, either on this application or on a previous application to this same MAC. If this is the first time an authorized and/or delegated official has been reported on the CMS-855B, you must complete section 6 for that individual and that individual must sign section 15.

By his/her signature(s), an authorized official binds the supplier to all of the requirements listed in the Certification Statement and acknowledges that the supplier may be denied entry to or revoked from the Medicare program if any requirements are not met.

Only an authorized official has the authority to sign (1) the initial enrollment application on behalf of the supplier and (2) add or remove additional authorized officials and delegated officials. Once the delegation of authority has been established all other enrollment application submissions can be signed by either an authorized official or delegated official.

By signing this application, an authorized official agrees to immediately notify the MAC if any information furnished on this application is not true, correct, or complete. In addition, an authorized official, by his/her signature, agrees to notify the MAC of any future changes to the information contained in this form, after the supplier is enrolled in Medicare, in accordance with the timeframes established in 42 C.F.R. 424.516. (IDTF changes of information must be reported in accordance with 42 C.F.R. 410.33.)

The supplier can have as many authorized officials as it wants. If the supplier has more than two authorized officials, it should copy and complete this section as needed.

**EACH AUTHORIZED AND DELEGATED OFFICIAL MUST HAVE AND DISCLOSE HIS/HER SOCIAL SECURITY NUMBER.**

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## SECTION 15: CERTIFICATION STATEMENT *(Continued)*

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### A. Additional Requirements for Medicare Enrollment for Authorized Officials

These are additional requirements that the supplier must meet and maintain in order to bill the Medicare program. Read these requirements carefully. By signing, the supplier is attesting to having read the requirements and understanding them.

By his/her signature(s), the authorized official(s) named below and the delegated official(s) named in section 15D agree to adhere to the following requirements stated in this Certification Statement:

1. I authorize the Medicare contractor to verify the information contained herein. I agree to notify the Medicare contractor of any future changes to the information contained in this application in accordance with the timeframes established in 42 C.F.R. section 424.516. I understand that any change in the business structure of this supplier may require the submission of a new application.
2. I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicare billing privileges, and/or the imposition of fines, civil damages, and/or imprisonment.
3. I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to the organization listed in section 2A1 of this application. The Medicare laws, regulations, and program instructions are available through the Medicare Administrative Contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions (including, but not limited to, the Federal Anti-Kickback Statute, 42 U.S.C. section 1320a-7b(b) (section 1128B(b) of the Social Security Act) and the Physician Self-Referral Law (Stark Law), 42 U.S.C. section 1395nn (Section 1877 of the Social Security Act)).
4. Neither this supplier, nor any five percent or greater owner, partner, officer, director, managing employee, authorized official, or delegated official thereof is currently sanctioned, suspended, debarred, or excluded by the Medicare or State Health Care Program, e.g., Medicaid program, or any other Federal program, or is otherwise prohibited from supplying services to Medicare or other Federal program beneficiaries.
5. I agree that any existing or future overpayment made to the supplier by the Medicare program may be recouped by Medicare through the withholding of future payments.
6. I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and I will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
7. I authorize any national accrediting body whose standards are recognized by the Secretary as meeting the Medicare program participation requirements, to release to any authorized representative, employee, or agent of the Centers for Medicare & Medicaid Services (CMS), a copy of my most recent accreditation survey, together with any information related to the survey that CMS may require (including corrective action plans).

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**SECTION 15: CERTIFICATION STATEMENT (Continued)**

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**B. AUTHORIZED OFFICIAL SIGNATURE(S)****1. 1<sup>ST</sup> AUTHORIZED OFFICIAL SIGNATURE**

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the MAC to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the MAC of this fact in accordance with the time frames established in 42 C.F.R. section 424.516.

If you are adding or removing an authorized official, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

Add     Remove    Effective Date (mm/dd/yyyy): \_\_\_\_\_

**Authorized Official's Information and Signature**

First Name	Middle Initial	Last Name	<i>Jr., Sr., M.D., etc.</i>
Telephone Number	Title/Position		
Authorized Official Signature ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)

**In order to process this application it MUST be signed and dated.**

**2. 2<sup>ND</sup> AUTHORIZED OFFICIAL SIGNATURE (if applicable)**

I have read the contents of this application. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete and I authorize the MAC to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the MAC of this fact in accordance with the time frames established in 42 C.F.R. section 424.516.

If you are adding or removing an authorized official, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

Add     Remove    Effective Date (mm/dd/yyyy): \_\_\_\_\_

**Authorized Official's Information and Signature**

First Name	Middle Initial	Last Name	<i>Jr., Sr., M.D., etc.</i>
Telephone Number	Title/Position		
Authorized Official Signature ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)

**In order to process this application it MUST be signed and dated.**

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**SECTION 15: CERTIFICATION STATEMENT (Continued)**

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**C. ADDITIONAL REQUIREMENTS FOR MEDICARE ENROLLMENT FOR DELEGATED OFFICIALS**

**NOTE: Delegated Officials are optional.**

1. You are not required to have a delegated official. However, if no delegated official is assigned, the authorized official(s) will be the only person(s) who can make changes and/or updates to the supplier's status in the Medicare program.
2. The signature of a delegated official shall have the same force and effect as that of an authorized official, and shall legally and financially bind the supplier to the laws, regulations, and program instructions of the Medicare program. By his or her signature, the delegated official certifies that he or she has read the Certification Statement in section 15 and agrees to adhere to all of the stated requirements. A delegated official also certifies that he/she meets the definition of a delegated official. When making changes and/or updates to the supplier's enrollment information maintained by the Medicare program, a delegated official certifies that the information provided is true, correct, and complete.
3. Delegated officials being removed do not have to sign or date this application.
4. Independent contractors are not considered "employed" by the supplier, and therefore cannot be delegated officials.
5. The signature(s) of an authorized official in section 15B constitutes a legal delegation of authority to all delegated official(s) assigned in section 15D.
6. If there are more than two individuals, copy and complete this section for each individual.

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**SECTION 15: CERTIFICATION STATEMENT (Continued)**

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**D. DELEGATED OFFICIAL SIGNATURE(S)****1. 1<sup>ST</sup> DELEGATED OFFICIAL SIGNATURE**

If you are adding or removing a delegated official, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

**Add**     **Remove**    **Effective Date (mm/dd/yyyy):** \_\_\_\_\_

**Delegated Official's Information and Signature**

Delegated Official First Name	Middle Initial	Last Name	<i>Jr., Sr., M.D., etc.</i>
Delegated Official Signature ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)
<input type="checkbox"/> Check here if Delegated Official is a W-2 Employee		Telephone Number	
Authorized Official's Signature Assigning this Delegation ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)

**In order to process this application it MUST be signed and dated.**

**2. 2<sup>ND</sup> DELEGATED OFFICIAL SIGNATURE**

If you are adding or removing a delegated official, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

**Add**     **Remove**    **Effective Date (mm/dd/yyyy):** \_\_\_\_\_

**Delegated Official's Information and Signature**

Delegated Official First Name	Middle Initial	Last Name	<i>Jr., Sr., M.D., etc.</i>
Delegated Official Signature ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)
<input type="checkbox"/> Check here if Delegated Official is a W-2 Employee		Telephone Number	
Authorized Official's Signature Assigning this Delegation ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed (mm/dd/yyyy)

**In order to process this application it MUST be signed and dated.**

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1377. The time required to complete this information collection is estimated to 0.5 to 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

**DO NOT MAIL APPLICATIONS TO THIS ADDRESS.** Mailing your application to this address will significantly delay application processing.